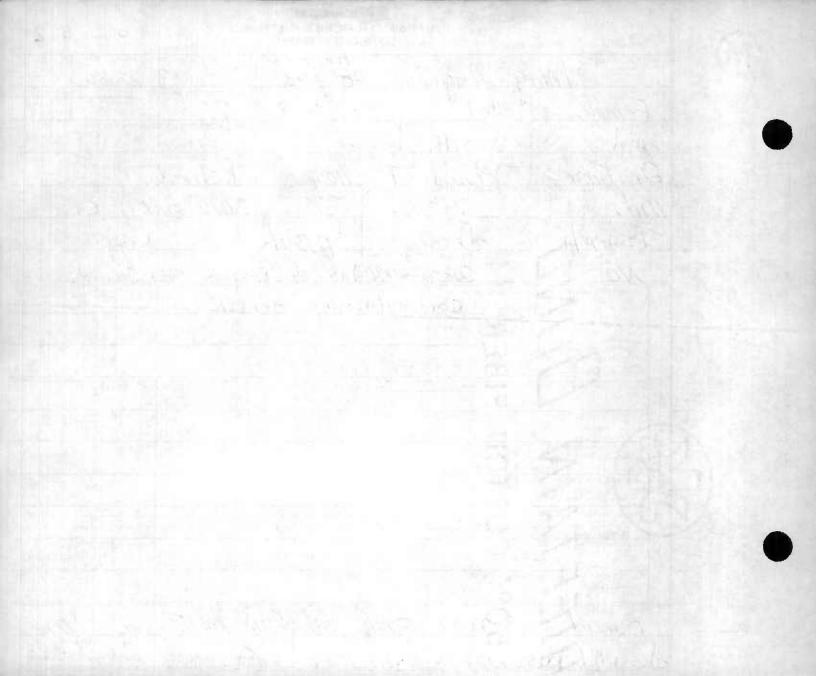
		CEASED NAM PE OR PRINT)			NIDDLE	LAST			OF ES	STI-	MONTH		YEAR 2b.
		,	Erma	L.	1, 105	Haigis	Y		EATH MA	TED 🖎	3 MONTH	20 19	9 80 YEAR 2d
	3. SEX		4. RACE	5 DATE OF BIRTH 6- 15- DAY 19:	YEAR LAST BIRTHE	ARS IF UNDER 1 YR. AY) MONTHS DAYS	HOURS HOURS		DATE		MONTH		6
		emale	White OR	7b. CITIZEN OF WHAT		14		9. B	DEAD ALTIMORI	E CITY OR	COUN	ZI 1	9 80 J
5	Ba	REIGH COUNTRY)	Md.	USA		MARRIED NI	EVER MARRII DIVORCE	percent .	Balt:	imore	Ci	ty,	
0	В	altimo	re		thshire Di	ive	UTION	FOR MOST Offi	OF WORKING	ON (TYPE (OF WORK	12b. KIND OR II	OF BUSIN NDUSTRY
35		AL RESIDENCE TATE Md.	113b. COUN	DR OTHER INSTITUTION, GIVE R	esidence before admiss 3c. CITY OR TOWN alto. High	lands 13d. INSIDE	CITY LIMITS?	13e STREET 2633	ADDRESS North	shire	Dri	Lve	
C	14. F/	ATHER'S NAMI FIRST W11	liam	R. Hut	son LAST	M	FIRST MAIDE		MIDDLE			inson	
1		WAS DECEASE ES, NO, OR UNKNO NO	D EVER IN U.S. AR	WAR OR DATES!	166. SOCIAL SECURIT		20	5 Hamp C. Gol	ton R		dnth		Md.
		Canditia	IMMEDIA ins, if ony, which	TE CAUSE (o) IN DUE TO, OR AS	toxicatio	on by comb				ipran	nine	DETIMES	OXIMATE INTE
		gave ri	ise to immediate	/ (b).									
	NO	couse (o lying car			A CONSEQUENCE		ON GIVEN IN PAR	XT 1 (a).					
	CATION	PART 2 OTHER S) stating the <u>under-</u> use last.	DUE TO, OR AS (c) CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TER			RT 1 (a).				20. AU	TOPSY?
	NIFICATION	PART 2 OTHER S) stoting the <u>under-use last</u> . IGNIFICANT CONDITIONS F OPERATION	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TER	AINAL DISEASE OR CONDITION	PRMED?					YES	TOPSY? S X N
3	CAL CERTIFICATION	PART 2 OTHER S 19a. DATE OF) stating the <u>under-use last</u> . IGNIFICANT CONDITIONS F OPERATION AL CAUSE WAS	CONTRIBUTING TO DEATH BUT 19b, CONDITIO 21b. TIME OF INHOUR A.M. A	NOT RELATED TO THE TERMINATION FOR WHICH OPEN	RATION WAS PERFO	RMED?	D (ENTER NATU				YES	s 🕱 N
13	MEDICAL CERTIFICATION	PART 2 OTHER S 19a. DATE OF 21a. EXTERN. UNDERLYING CONTRIBUTI 21d. INJURY) stoting the <u>under-use last</u> . IGNIFICANT CONDITIONS F OPERATION AL CAUSE WAS G OR ING CAUSE OF	ONTRIBUTING TO DEATH BUT 19b, CONDITIO 21b. TIME OF IN HOUR A.M. A 2 P.M. 21e. PLACE OF IN STREET ACCORD	NOT RELATED TO THE TERM ON FOR WHICH OPEN JURY AONTH DAY YEA 3/20/9 INJURY (ATHOME,	RATION WAS PERFO	RMED?	D (ENTER NATUI		ugs a	and	YE:	s 🕱 N
13	_	PART 2 OTHER S 19a. DATE OF 21a. EXTERN. UNDERLYING CONTRIBUTI 21d. INJURY 6 WHILE AT WORK 22a. I cert death result	Stoting the under- use last. IGNIFICANT CONDITIONS F OPERATION AL CAUSE WAS G OR NG CAUSE OF I OCCURRED AT WORK Ify that I took chargeted fram: Noture	DUE TO, OR AS (c) 196, CONDITIO 196, CONDITIO 216, TIME OF IN HOUR A.M. A 21e, PLACE OF STREET, FACTOR: 196 of the remains described and causes	NOT RELATED TO THE TEN	RATION WAS PERFORM 21c. HOW INJUR Subjec 21f. LOCATION 2633 No: Autopsy M.D. Ass	ermed? EY OCCURRED ted in	D GENTER NATURAL DE COMPANS DE CO	od dri	Ba:	and ltin	ART 2) Alco DUNTY NOTE,	s 😾 Nohol Mary /22/8
13	MEDICAL	PART 2 DIHER S 19a. DATE OF 21a. EXTERN. UNDERLYINK CONTRIBUTI 21d. INJURY 0 WHILE AT WORK 22a. I cert death result ACTUAL SIGNATURE EXAMINER'S (TYPE OR PRI	Stoting the under- use last. IGNIFICANT CONDITIONS F OPERATION AL CAUSE WAS G OR NG CAUSE OF I OCCURRED AT WORK Ify that I took chargeted fram: Noture	DUE TO, OR AS (c) (DATRIBUTING TO DEATH BUT 19b, CONDITIO 21b. TIME OF INHOUR A.M. A. 2 P.M. 21e. PLACE OF STREET, FACTOR: 10 of the remains described and causes	NOT RELATED TO THE TERM IN FOR WHICH OPE JURY ADNITH DAY YEA 3/20 (AT HOME, Y. FARM, ETC.) Deed obove, held on ccident , Si Clan, M.D.	RATION WAS PERFORM 21c. HOW INJUR Subjec 21f. LOCATION 2633 No: Autopsy M.D. Ass	rthsh: Inspection icide (SPECIFY) istant	D GENTER NATURAL DE COMPANS DE CO	yor town rive, ned manner EXAMINE	Ba:	and ltin	ART 2) alco DUNTY NOTE,	s 😾 Nohol Mary /22/8

X arow enitio svend enthemanous 2005 a ... should be established in 1905 a ... 1905 William . Helpon mostan . William . Notineon . William . .offeld and investigation of the offer in the offer of th AN Jones Belleville True Belleville Live. Belleville.

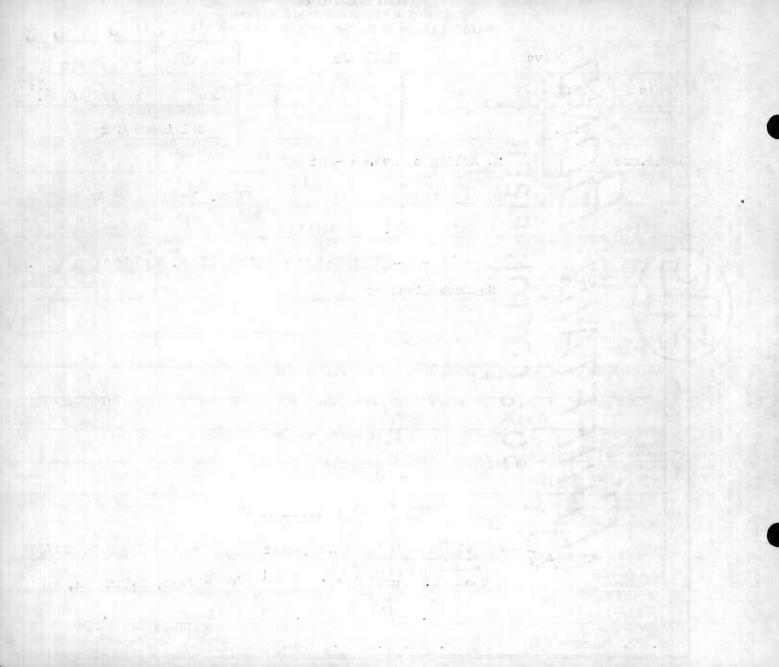
FRANK - COTAL HATEK - BIKER 20 SELLER MATERIAL CATE AS A SECURITION OF THE STATE O Friends To the St. and an article of the second to the second of the second to the sec Action and All the support of the Artist Contract Contract of the Artist Contract Contra A CALLERY SEE SEE SEE SEE SEE Line of the state DRELET THE

					STATI	OF MARYLAND			
-		1.	FOR STATE REGISTRAR	DEP		EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO	0 6.5	6
	e 7f	1. DE	CEASED NAMECHRYSOS ORPRINTI CURISTO P	TOMOS	HAJIA	(ST	20. DATE OF DEATH	MONTH DAY YEAR	26 HOUR
	4 moy	3. SE		RACE Whit	5. DATE O	F BIRTH	6 AGE (IN YEARS LAST BIRTI		
	Pool of the Pool		RTHPLACE ISTATE OR FOREIGN 76	Bnitain	MARRIED WIDOWE	NEVER MARRIED D	9 BALTIMORE CITY O	R COUNTY OF DEATH	
-	offer de	10 C	Balt, we	NAME OF HOSPITAL, NI			12a USUAL OCCUPATION	ON 126. KHOD INDUSTRY	OF BUSINESS OR
ND 2120	filled in the ould be	USU 13a	AL RESIDENCE (IF NURSING HOME OR OTH STATE	13c. CITY OR	BEFORE ADMISSION) TOWN	13d INSIDE CITY LIMITS?	130 STREET ADDRESS	PI	vning
AARYLA	implerely in and 2 sho	14. F/	ATHER'S NAME MIDD		, ,	15. MOTHER'S MAIDEN NAME OF THE PROPERTY OF TH		//	AST
MORE, A	Pages 1 c		VAS DECEASED EVER IN U.S. ARMEL (ES, NO OR UNKNOWN) (IF YES, GIVE WA	D FORCES? 166 SOCIAL	SECURITY NO. 34-3839	Mrs. Andri	ani Hayia	ss ntoni Baltimos	- Md
DS, 201 W. PRESTON ST., BALI	equires that the death certificate be signed by the ottending physicio. Then please remave carban papers: ta buriol, cremotion, ar remaval. injury, or ather traumatic event, the	NO	18 CAUSE OF DEATH lEnter only of PART I. DEATH WAS CAUSED BY IMMEDIATE CO. Conditions, if ony, which gove rise to immediate couse to!, storing the underlying couse lost.	DUE TO, OR AS A CONS (b) DUE TO, OR AS A CONS (c)	EQUENCE OF		in HBs	ACC)	XWATE INTERVAL ONSET AND DEATH
I RECORDS	bee mit prior	CERTIFICATION	190. DATE OF OPERATION	19b. CONDITION FOR W	HICH OPERATION	WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FIND IN CERTIFYING CAUSE YES	INGS USED S OF DEATH?
OF VITA	YSICIAN: The loding physicion. is certificate has burial-transit per Mental Hygiene, ar frem 18 shows.		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH P.M.	DAY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART 1 OR PART 2)	
DIVISION OF	ING PHYSI	MEDICAL	21d. INJURY OCCURRED WHILE ONOT WHILE ON AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OF	FFICE, FARM, ETC.)	211. LOCATION STREET	CITY OR TOW	n COUNTY	STATE
٥	TTEND proof a far use of Hea af Hea		220.1 certify the (1) this hospital) sow the deceosed alive an obove (1) we) (did) (did not) vi		43 - /	d that in my (aur) apinion of	to 3/21	te and hour and from the	, tha (1) we) lost e couses stated
	SPITAL OR Ad by the has be detached be detached e State Dept.		Mary &	Franke 1	1P	ATTENDING PHYSICIAN	MEDICAL STAF	F _ / 2/	21/80
	TO HOSPITAL etained by 11 TO FUNERAL should be der with the State		22d. PHYSICIAN'S NIXME (TYPE ORPRI	racke		320. ADDRESS.	City 1	Porp	
120	₽ ₽ ₽ ₩ S €	23a. E	SURIAL, CREMATION, REMOVAL 2 SPECIFY) Burial	3-24-80	Dar L	METERY OR CREMATORY	23d. LOCATION FUTY OR TOWN TO DO I TIME	ore Baltino	STATE Md.
720	DHMH - 16 50M 7/77 (VR A 15 (4))		INERAL DIRECTOR	thews, 300	Ess	tern Ave. MAR	2 6 1980 RAR	251 graphy has	may

TWO SERVICES A STATE OF THE PARTY OF THE PARTY OF THE PARTY. DSELS STAM SINGLE STATE OF THE STATE OF THE



		OR STATE				PARTME	NT OF H	EALTH		ENTAL			0	Ω	4	, ,	, and
1	. DEC	REGISTRAR EASED NAME OR PRINT)		Liver		CAL EX		11,	ST	CATE	OF DE	2a. DATE OF	REG. KNOWN ESTI- MATED	THOM KI		YEAR	2ъ. НС
3	. SEX	ale	A RACE black	5. DATE O	DAY		AGE (IN YEAR LAST BIRTHDAY 51 YRS	MONTHS		IF UNDE	R 24 HRS. MIN.	2c. DATI PRONOU DEAI	E NCED	□ 3 MONTH	29 29	19 80 YEAR	74 HC
2	a. BIR	THPLACE IST	N.C.		USA	TCOUNTRY	(?	0	40000	VER MAR			MORECITY Balti	-			
Œ	Ba1	timore		827	N. Ar	TAL, NURSII ITY GIVE STREE Lingt	on Av	enue	-apt	605		MOST OF WO	JPATION (TYPE OF WOR	K 12b. KII	ND OF BU R INDUST	JSINESS RY
	3a. ST	ATE M	IF IN NURSING HOMI 13b. COU			13c. CITY OR		1	YES 🙀	ITY LIMITS?		EET ADDR	ESS Arli	ngto	on A	venu	ıe_
		THER'S NAME Olive		MIDDLE		all LAST	Sr.		Ma	ttie	DEN NAME		WIDDLE		lers	last On	
	6a. W (YE	Yes	DEVER IN U.S. A WN) (IF YES, GN	VE WAR OR DATES)		28-4		Mat		Smit	h 27	ADDRE			on A	Ave.
	ď		s, if any, which			A CONSE											
	NO	cause (a) lying cau	e ta immedia stating the <u>unde</u> se last.	DUE (6	:)(:	A CONSEC			R CONDITIO	IN GIVEN IN P	ART 1 (a).						4
	TIFICATION	cause (a) lying cau	stating the <u>unde</u> se last. GNIFICANT (ONDITION	DUE (contributing	TO, OR AS		TO THE TERMIN	IAL DISEASE O		19 100	ART 1 (a).					AUTOPSY YES []	
	CAL CERTIFICATION	PART 2 DTHER SIG	stating the <u>underselast.</u> SHIFICANT CONDITION OPERATION L CAUSE WAS	NS CONTRIBUTING 19b 21b. HC	TIME OF IN	NOT RELATED	TO THE TERMIN	AL DISEASE C	S PERFOR	RMED?		NATURE OF IN	NJURY IN ITEM	18 PART 1 OR			NO [4
	MEDICAL CERTIFICATION	PART 2 DTHER SIGNATE OF 21a. EXTERNA UNDERLYING CONTRIBUTING 21d. INJURY C	STATING THE UNDERSOLUTION OPERATION L CAUSE WAS OR G CAUSE O	NS CONTRIBUTING 19b. 21b. HC	TIME OF INDUR A.M. A.P.M.	NOT RELATED ON FOR WH	TO THE TERMINICH OPERA AY YEAR	AL DISEASE C	S PERFOR	RMED?		NATURE OF IN CITY OR TO					
2		PART 2 DTHER SIGNATE OF THE SIGNATE OF THE SIGNATE OF THE SIGNATURE OF THE	STATING THE UNDERSOLUTION COPERATION L CAUSE WAS OR CAUSE OF COURRED NOT WHILE AT WORK y that I toak cha	NS CONTRIBUTING 19b 21b. HC F DEATH	TO, OR AS: 10 DEATH BUT TO DEATH BUT TIME OF IN PLACE OF REET, FACTOR	NOT RELATED NU FOR WH NURY MONTH DA INJURY IV, FARM, ETC.)	TO THE TERMIN ICH OPERA YEAR 19 AT HOME,	AUTOPSY	S PERFOR V INJURY ATION EET Homi	RMED?	On XX	CITY OR TO	own, , , , , , and		PART 2) COUNTY apinian		NO É
	MEDICAL	PART 2 DTHER SIGNATURE ACTUAL SIGNATURE EXAMINER'S IG	SHIFICANT (ONDITION COPERATION L CAUSE WAS OR OR CAUSE ON CAUSE ON COURRED NOT WHILE AT WORK by that I taak cha the from: Not NAME	NS CONTRIBUTING 19b 21b. HC F DEATH 21e. S	TO, OR AS: 10 DEATH BUT TO DEATH BUT TIME OF IN PLACE OF REET, FACTOR	NOT RELATED ON FOR WH JURY MONTH DA INJURY (1, Y, FARM, ETC.) bed abave, ccident Z R	TO THE TERMIN ICH OPERA AY YEAR 19 AT HOME,	21t. HON 21t. LOC. STR Autopsycide	ATION EET Homi TITLE (S ASS	Inspecticide SPECIFY 1	on XX Under	Inquiry lermined m	own, , , , , , and	and in my], DAT SIG	PART 2) COUNTY apinian E NED	3/30	NO [



FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENS

3 (15) 60 3:66 v	Land the second section of
	CONTRACTOR OF THE SECOND CONTRACTOR OF STATE
1303 = 1303 (1302)	The Control of the Co
	PART OF PER TON THE PER TON
k de la	
	The state of the s
C -11-10	
en in mairis Ambrant .s.	estadan Junay van estada e

FOR	STATE OF MARYLAND		
- STATE REGISTRAR	DEPARTMENT OF HEALTH AND MEN CERTIFICATE OF DEA		5 5 5 5
CEASED NAME FIRST FIRST OSEPI	HALUCH	2a. DATE OF DEATH MONTH	PO 80 700 M
1 1	SUHITE S DATE OF BIRTH	I I I I I I I I I I I I I I I I I I I	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN
ountry) Poland U	SA MARRIED NEVER MAR	- 21/4/11/1	TY OF DEATH WE city MD.
	FHOSPITAL, NURSING HOME OR OTHER INSTITU USH FACILIAN GIVES SPREET ADDRESS! Children College	ITYPE OF WORK FOR MOST OF WORKING	12b. KIND OF BUSINESS OR INDUSTRY
Ma 136 OUNTY	13c. CITY OR TOWN 13d INSIDE CITY I	6707 6	during st
TOPEN MIDDLE	HALUCH 15. MOTHER'S MA	ALY MIDDLE	BELBACK
WAS DECEASED EVER IN U.S. ARMED FORCES? YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES)		anda Haluch 5707	Redmond St.
5324 DUE TO. Conditions, if ony, which (b)	OR AS A CONSEQUENCE OF	failure ny edema and	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH LEONELD -
cause (a), stating the underlying couse lost. Cause (b), stating the pure (c).	Huid overland	<i>y</i> ,	premione
			IVEN IN PART 1(0)
3/18/80 1	Ruder duotens	WEST NO IN CERT	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? YES NO
OR CONTRIBUTING CAUSE OF DEATH HOUR	A.M. MONTH DAY YEAR	Y OCCURRED (ENTER NATURE OF INJURY IN ITEM 18	, PART 1 OR PART 2)
		CITY OR TOWN	COUNTY STATE
		apinian deoth accurred an the date and ha	that (‡) (we) last our and from the causes stated
276. SIGNATURE Halau,	DEGREE , ATTE		3/20 DATE SIGNED
22d. PHYSICIAN'S NAME (TYPE OR PRINT)	22e. ADDRESS	g. Hanads	1
	3 ' '		
E III	ATHER'S NAME WAS DECEASED EVER IN U.S. ARMED FORCES: YES, NO OR UNKNOWN) 18 CAUSE OF DEATH (Enter only one couse p PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (b). 19 DUE TO. Conditions, if ony, which gave rise to immediate couse 101, stating the underlying couse lost. 19 DATE OF OPERAHONS (c). 21a. ACCIDENT WAS UNDERLYING DEATH HOUR. (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED AT WAS USED BY: 19 DATE OF OPERAHONS (A) TIME CONDITIONS (A) TI	TRACE IRTHPLACE, ISLATE OR FOREIGN ONLY INTERPLACE, ISLATE OR FOREIGN OUNTRY OR INTY OR TOWN OF DEATH ISLATIONS HOME ISLATE OR FOREIGN INTY OR TOWN OF DEATH ISLATIONS HOME ISLATE OR FOREIGN INTY OR TOWN OF DEATH ISLATIONS HOME INCOMPRESSIONS INCOMPRESS INCOMPRES INCOMPRESS I	TECH SED NAME TREST OR BROTH TREST OR BRITH TO SEPH TO SEPH

The same of the sa

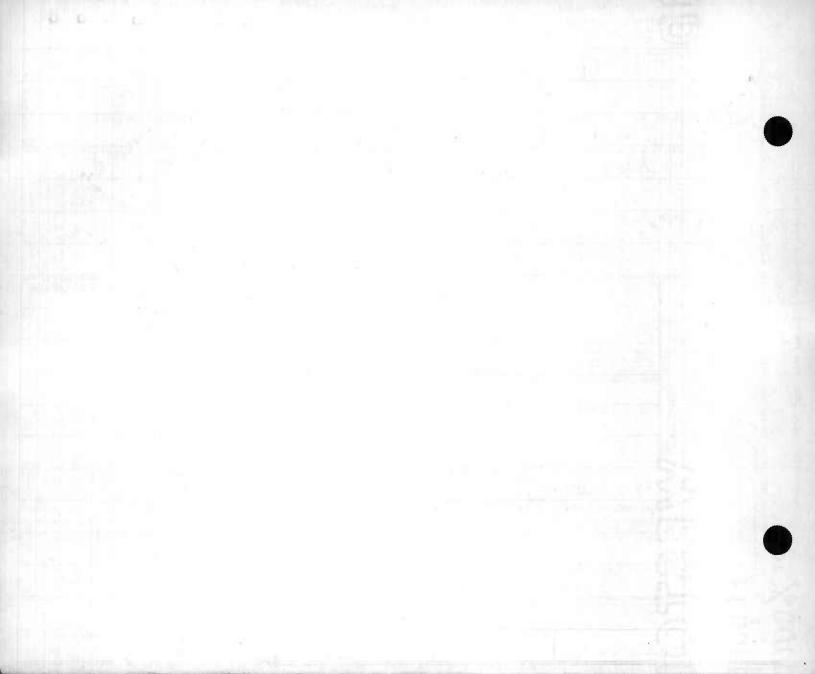
DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR MIDDLE I. DECEASED NAME 2a. DATE KNOWN TTYPE OR PRINTI 3 DEATH MATED 24 10 80 Victoria Hame & AGE (IN YEARS IF UNDER 24 HRS DATE 2d HOUR PRONOUNCED 4:04 80 YRS Dec 17.1899 10 80 Female White DEAD 76. CITIZEN OF WHAT COUNTRY To BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY! France France DIVORCED Baltimore City. IO. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 17a USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKING LIFE)
HOUSEWIFE OR INDUSTRY Baltimore 2211 Lake Avenue BE PAGES 1 AND 2 SHOULD BE USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13e. STREET ADDRESS 2211 Lake Ave 13a STATE 13b. COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? Baltimore Maryland YES X NO T 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Claval Gean Manevu Francoise 17. INFORMANT 16g, WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. ADDRESS 162-26-4537 No Mrs Frances Gallagher Same 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Blunt injury of head with atlanto-occipital IMMEDIATE CAUSE OR REMOVAL Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). CERTIFICATION 19a. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? E 3 SHOULD BE USI E DEPARTMENT OF PRIOR TO BURIAL, C OF YES X NO 21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL 24 1980 CONTRIBUTING CAUSE OF DEATH Subject fell down stairs 218 PLACE OF INJURY (AT HOME 211 LOCATION STREET, FACTORY, FARM, ETC.) STATE NOT WHILE AT WORK AT WORK home 2211 Lake Ave.. Baltimore Md. EXECUTE THE CERTIFICATE.

PAGE 4 SHOULD BE FORM

TO FUNERAL DIRECTOR: P.

AFTER DEATH, WITH THE SI.

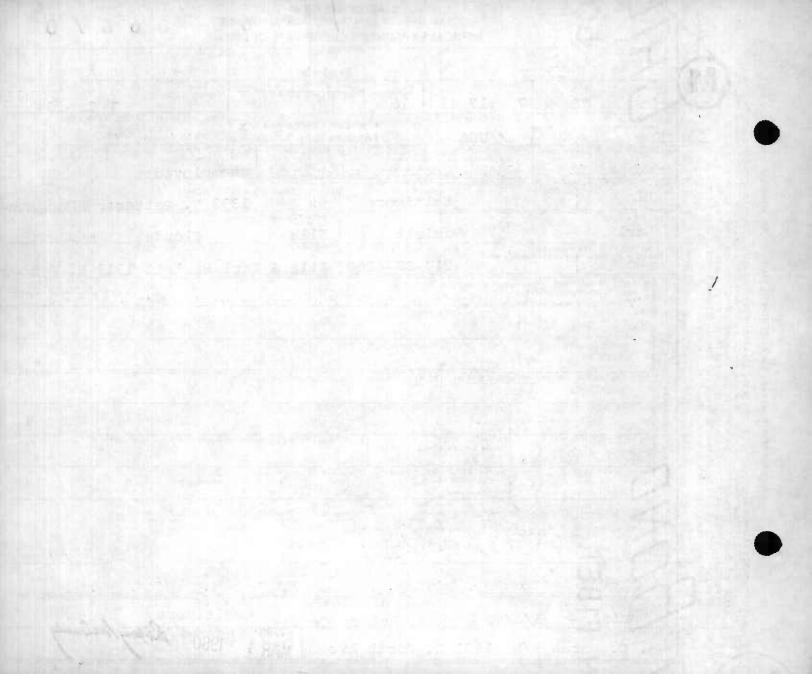
BATTIMORE, MARYLAND, 217 220. I certify that I taak charge of the remains described above, held an Inspection Accident X death resulted fram: Undetermined manner TITLE (SPECIFY) 3/24/80 Assistant EXAMINER'S NAME Virginia L. Dolan, M.D. 111 Penn Street 230. BURIAL, CREMATION, REMOVAL 236. DATE 23d. LOCATION 23c. NAME OF CEMETERY OR CREMATORY STATE Cremation Baltimore, Maryland Greenmount 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE **DHMH-17** VR A15 ME (5)) Leonard J Ruck Inc. Baltimore, Maryland 15M 7/77

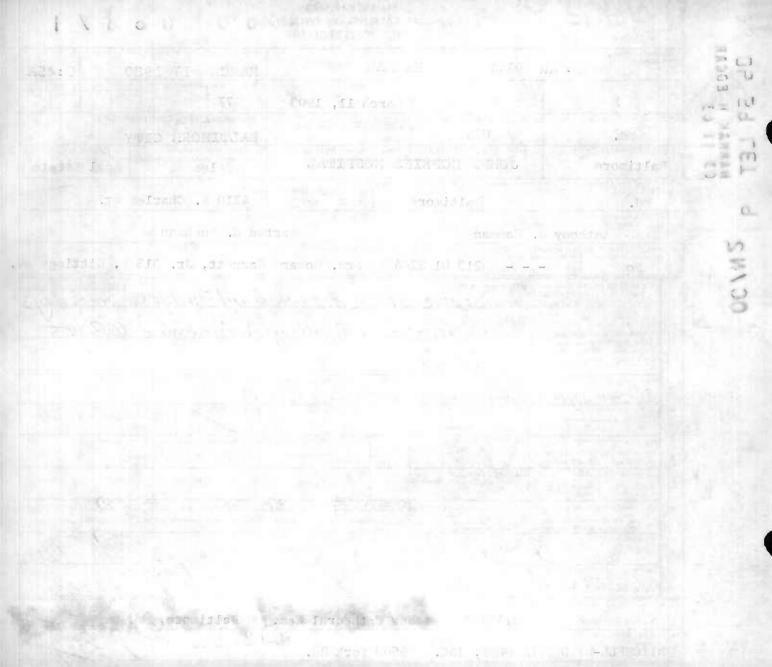


STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 2g DATE OF DEATH 26 HOUR (TYPE OR PRINT) Harold Eugene Hamil IF UNDER I YEAR 3 SEX 4 RACE 5. DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) 31 18 Male White 61 BIRTHPLACE (STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY Pennsylvania U.S.A. Baltimore City WIDOWED DIVORCED [CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) U.S.Govn Baltimore St. Agnes Hospital Representative DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 Dept. of Defense ISUAL RESIDENCE LIF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONI 13g STATE COUNTY Arbutus 978 Regina Drive 21227 Baltimore Maryland 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE 3 Stinson Hamil Mvrtle Harry 0. 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO ADDRESS 17 INFORMANT LYES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 978 Regina Drive 194-18-9323 Irene J. Hamil 21227 WWII Yes 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY ARCINOMA TOSIS MONTAS IMMEDIATE CAUSE 10 Lana, (R) Canditions, if any, which gove rise to immediate cause ial, stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF NO F 21g. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOT IFY MEDICAL EXAMINER) P.M. 21d. INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE 22a.1 certify that (1) (this hospital) attended the deceased from saw the deceased alive an_ and that in (my) (our) opinian death occurred on the date and have and from the causes stated obove, (1) (we) (did) (did not view the body after death DEGREE 22b. SIGNATURE 22c. DATE SIGNED MEDICAL STAFF DIRECTOR MPORTANT: 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS ould b. Robert E. Cranley, M.D. 23a BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION McConnellsburg Fulton PATATE Burial 3/22/80 Methodist Cemetery 24 FUNERAL DIRECTOR 25a DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DHMH - 16 50M 1/76 intra Malreade Hubbard Funeral Home 4107 Wilkens Ave. 21229 (VR A 15 (4))

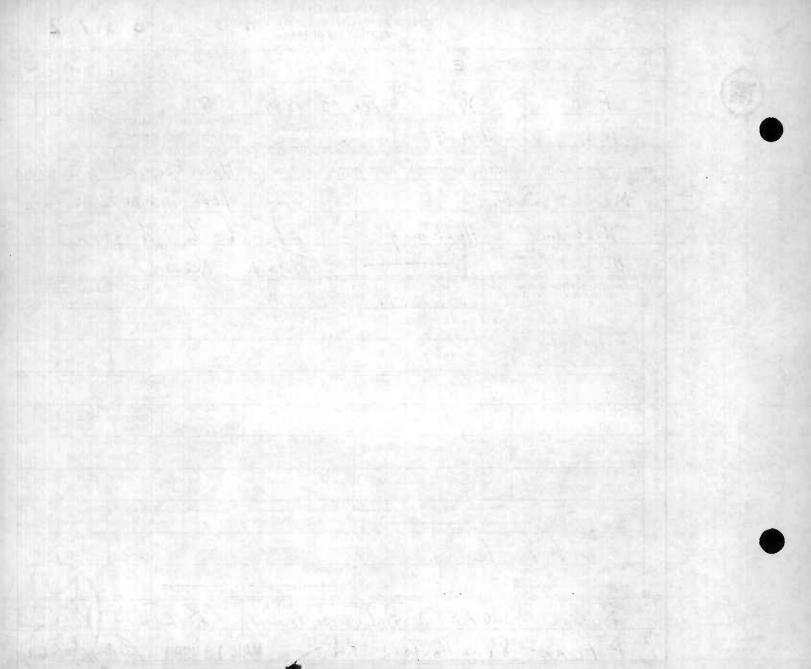
· proloco valuation con ton ton ton con ton con the property of the contract TOOLS CONTRACTOR OF THE monals of the limit . . . Trans William Street English Come (10) Billiam Acco. Cities and Lagrana Area of

DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO 20. DATE KNOWN X MONTH 26 HOUR CTYPE OF PRINCI ESTI-Wilbert DEATH MATED Hamlett IF UNDER 1 YR. S. DATE OF BIRTH 6 AGE (IN YEARS IF UNDER 24 HRS DATE 2d HOUR LAST BIRTHDAY) YEAR PRONOUNCED 9:11A Male 17 43 36 Black DEAD 19 80 Th CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE CHATEON 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRYS USA MD DIVORCED Baltimore City O. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS OR INDUSTRY Baltimore City 1333 N. Patterson Park Avenue unemployed 誰 USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) LI35 COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Baltimore 1333 N. Patterson Park Ave YES T NO [14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME 0 MIDDLE Earl MIDDLE Hamlett Ella Cloude Hamlett 17. INFORMANT 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO. (YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 217-38-4260 Ella & Earl Hamlett 1333 N. APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Cardiomyopathy with congestive cardiac failure DUE TO, OR AS A CONSEQUENCE OF BURIAL-TRANSIT Canditians, if any, which gave rise to immediate cause (a) stating the under-DIVISION OF VITAL RECORDS, 301 W. DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (c) CERTIFICATION 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? TO BURIAL, YES [NOXX E DEPARTMENT (PRIOR TO BURIA BE 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY UNDERLYING OR CONTRIBUTING CAUSE OF DEATH YEAR MEDICAL 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. LIF. LOCATION NOT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN STATE COUNTY AT WORK AT WORK TO MEDICAL EXAMINER: T EXECUTE THE CENTRICATE, PAGE 4 SHOULD BE FORM TO FUNERAL DIRECTOR: P. AFTER DEATH, WITH THE ST BALTIMORE, MARYLAND, 215 X 22a. I certify that I taak charge of the remains described shave, held an Autapsy Inspection death resulted fram: Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL Deputy Chiefedical EXAMINER SIGNATURE EXAMINER'S NAME Thomas D. Smith, M.D. ADDRESS_ 111 Penn St. Balto., MD (TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23r NAME OF CEMETERY OR CREMATORY 23d. LOCATION MD^{STATE} Baltimore Burial 3/6/80 Mt. Auburn Cem MAR 4 1980 254 CO PAGE ASSESSED 24. FUNERAL DIRECTOR **DHMH - 17** 101 E. North Ave MAR 4 VR A15 ME (5)) Wm. C. March F/H 15M 7/76





	1			STATE OF MARYLAND		
XX	1	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO	6 6 7 2
31	(TYP	ECEASED NAME FIRST BORNET		MEN	2a. DATE OF DEATH M	3 06 80 10 9 pm
	3 SE	F	4 RACE	Feb 21 18 49	6 AGE (IN YEARS LAST BIRTHI	DAY UP UNDER YEAR IF UNDER 24 HRK MONTHS DAYS HOURS MIN YRS.
leoth P		IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTINORE CITY OR	
rs ofter de by the fur filled within	/	PALTINORE	(IF NOT IN SUCH FACILITY, GIVE STREE	NG HOME OR OTHER INSTITUTION TADDRESS) THOSPITAL	12a USUAL OCCUPATIO (TYPEDE WORK FOR MOST OF	WORKING LIFE) INDUSTRY
24 hou ould be must be	130	STATME DE COL	STY LIGHT INSTITUTION GIVE RESIDENCE BEFORM 130 CITY OR TON		130 STREET ADDRESS	mberline Court
maryla maryla ompletely ond 2 sh	14. F	W.LL. Am	Hell m.	15 MOTHER'S MAIDEN NAI	Abeth	WAGHER
IMORE,	160	WAS DECEASED EVER IN U.S. A YES, NO CHUNKNOWN) (IF YES, GI	RMED FORCES? 16b SOCIAL SEC	GRITY NO. 17 INFORMANT Am, L	Recor	s d
		18 CAUSE OF DEATH Enter of PART I. DEATH WAS CAUS IMMEDIA	inly one couse per line for (o), (b), o ED BY: ATE CAUSE (o) MYOCARI	MAL INFARCTION	1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH SEVERAL HOUVS
PRESTON he death ce emove corb motion, or i		Conditions, if ony, which gove rise to immediate couse of stating the	DUE TO, OR AS A CONSEQUENCE OF THE PROPERTY OF			
ires that if		underlying couse last	(c)	DEATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR COND	ITION GIVEN IN PART 1(0)
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., NG PHYSICIAM: The low requires that the death certifications physicion. As the buriol-strons peems signed by the ottending physicion as the buriol-strons to permit. Then please remove corbang the and Mental Hygiene prior to buriol, cremation, or removed or them 18 shows any miury, or other troumatic even	CERTIFICATION	19a. DATE OF OPERATION	196, CONDITION FOR WHICH	H OPERATION WAS PERFORMED		206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
A OF VITAL SICIAN: The physicio certificate berial tronsit ental Hygie lifem 18 sho		21g. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING] CAUSE OF DE	HOUR A.M. MONTH	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY	YES NO
IVISION C Ottending ter this cer is the burion rked or Ite	MEDICAL	21d INJURY OCCURRED WHILE OF WORK AT WORK	2 te. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	211. LOCATION	CITY OR TOWN	N COUNTY STATE
TTENDI or JOR: A for use of Heol		sow the deceased olive of	n 3/6 19 ottended the deceased from 19 ot view the body after death	9 3/6/80 , 19	to /6 34 3	19 80 , that (b) (we) lost the and hour and from the causes stated
TAL OR AT y the hosp TAL DIREC detoched ore Dept.	r	22b. SIGNATURE	Combe MD.	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIA	
HOSPII Sined b FUNEF ould be th the St		JATES E GOTT	OR PRINT)	22. ADDRESS	IAL HOSPITAL	
D BP	230	BURIAL CREMATION, REMOVA	1 23b DATE 80 23c	BALIMURE CEMENTERY	23d LOCATION LITTOR DINAL	To COUNTY Med STATE
DHMH - 16 60M 1/75 (VR A 15 (4))	24 F	UNERAL DIRECTOR	88 02 HANDESS	/ 1/	REC'D. BY REGISTRAR 2	Sb. REGISTRAR'S SIGNATURE



111	3/10/1980			rac 5
		488 , 188 ₃ , 188 ₃	stide	elan
==5	10 eromitice8			Comment of the comment
		mire.	Beleir Jonyala	cromities
	15. 1 to 117. 129		WS15 Proub	
mensitis.	4			gulffill
alle a	3/11/86	7.7.		
21050	orti ille kentua kent ani jirok	ont:	.a.M.D.	inia E.Rive:
	profes re Lean		1000 12, 160 1000 150 150 0	

K	4 F	84		FOR			DEBART		E OF MARYLAI EALTH AND M		esie ()	0 6	5 7	A
0/	DICA	1	1.	STATE REGISTRAR			DEPART	CERTIF	ICATE OF DE	EATH	REG. N	10.	0 /	
	9 3	3		CEASED NAME	FIRST	Part St.	MIDDLE	The state of	AST		20 DATE OF DEATH	MONTH D	AY YEAR	26 HOUR F
	Brank B	KI	litte	CRPRINT	BESS	SIE	Banks	HAM	MOND		MARCH 16	. 198	30	6:06 M
	L M		3 SE	(4 RACE	10 4	5 DATE O			6. AGE (IN YEARS LAST BIR		IF UNDER 1 YEAR	IF UNDER 24 HRS
	EL Signer	100		female		пе	gro	Jar		1901	79	YRS.	ONTHS DAYS	HOURS MIN.
	KORELL neral dir	8/1	7e. BI	RTHPLACE (STATE OFFO DUNTRY) Virginia	IREIGN	76 CITIZEN OF	WHAT COUNTRY?	MARRIE	D NEVER MA	ARRIED [BALTIMORE CITY OF	_		
	fu	Tooth Control	10 C	TY OR TOWN OF DEA	TH .	A.	HOSPITAL, NURSIN	WIDOWI			120 USUAL OCCUPAT			OF BUSINESS OR
	R. K.	8	Ra	ltimore			CH FACILITY, GIVE STREET		a modes		(TYPE OF WORK FOR MOST			
	DE In by	(F)		AL RESIDENCE (# NURS)	NG HOME OR		OHNS HO		S HOSP	LTAL	Ret Car	retake	Seec	Company
	d be	到上	13e. S	STATE	13h COUN	ITY	13c. CITY OR TOW	/N	134. INSIDE CIT		130 STREET ADDRESS			
	A MESC	- E		MD			Baltimo	92	1 1	NO 🗌	2137 N. Sr	nallwoo	od	
	2 sh	200	14. FZ	THER'S NAME FIRST	,	MIDDLE	LAST		15. MOTHER'S	MAIDEN NAN RST	WIDDLE		tA:	ST
	AL MAL omple	300		Boss			Banks			abeth	Colsto		Bank	(S
	OV.	E /		VAS DECEASED EVER		MED FORCES? WAR OR DATES)	166 SOCIAL SECU	IRITY NO	17 INFORMAN	41	ADDR	E\$S		
	Page	. t		NO	,		220-24-2	2461	Thomas	Jacks	on Bali	timore	Md	
	PE Sicia ers.	vent		18 CAUSE OF DEATH	Enter on	ly ane cause per	Line for jail, (b), on	dicti A		1				ONSET AND DEATH
	A Phy phy pap	ic e		PART I. DEATH W.	AS CAUSE	Ď BY	Botrass	Dela 1	1400	Cerasu	ml		1	w.
	ON anding	E		1200	IMMEDIAI	CAUSE (U)	14							
	dea dea car	tra		Cardina	1.7.1	DUE TO, O	R AS A CONSEQU	NCE OF	ing				1000	
	the at Dove	ther		Conditions, if ony, gave rise to imm		(b)_	1035111	<u></u>	6)3.7					
	that the Creek	0		underlying cause		DUE TO, O	R'AS A CONSEOU	ENCE OF	-3,000					
	A A ed bed bease	Ž,				(Ic)_								
	E sign en plu do bu	ni /	z	PART 2 OTHER SIGN		NE	ONTRIBUTING TO	DEATH BUT	NOT RELATED 1	TO THE TERMI	INAL DISEASE OR COM	IDITION GIVI	EN IN PART)	01
	RE Been been tr. Th	e s	CERTIFICATION	19a DATE OF OPERAT	-		ITION FOR WHICH	OPERATIO	NI WAS DEDECT	MAED	200 AUTOPSY?	Tanh IF YES	WERE FINDI	NGSTISED
	The has	MOL	S.	7/2/1	1014	CI	la / J	S L	· (. /	MED	1 × -	IN CERTIF	YING CAUSES	OF DEATH?
	N: n	8 -	1 📱	17/30	,		nochante	uchi	produ	ne(6H	YES NO		5 🗌	ио
	CIA sicia tific ansi	tem 1		21a. ACCIDENT WAS UND	_		OF INJURY .M. MONTH D	AY YEAR	1 20 HOW IN	URY OCCURR	ED (ENTER NATURE OF INS	JRY IN ITEM 18, PA	ART 1 OR PART 2]	
	physic physic scert al-tra ental	200	3	(IF EITHER, NOTIFY MEDICA			.M.	19						
	4 B T = 5		MEDICAL	21d. INJURY OCCURR	ED		OF INJURY REET, FACTORY, OFFICE,		211 LOCATION	N	CITY OF TO	wN	COUNTY	STATE
	endin After t the bu	marked	E	WHILE NOT WH	RK	(AT HOME, ST	REEL, PACIONY, OFFICE,	PARM, ETC.)	3,555		Citi on to			31711
	endin or atten or. Afte	E S		22s.1 certify that (I)		tall attended th	ne deceased from _	3/1/2	9	19	to3//	0	19 70	that (I) (we) los
	TEO OFT	121		sow the decease	d alive an	3/16/8	0 19_	1).	nd that in (my) (apinion o	death occurred on the	date and have	and from the	causes stated
	OR AT hospital DIRECT hed for Dept. of	ten	100	oboyé, (I) (and) (d	lid) (d id no	the body	ofter death.		DEGREE				22r DATE	SIGNED
		-		PALAR	to	KO- AT	51.	11	AT AT	TENDING _	MEDICAL STA	AFF	3//	(0/40)
	PITAL by the ERAL e detac State [ANT	1	16000	911	1 ACU	Mull	_ 00	-	HYSICIAN [DIRECTOR PHYS	CIANIX	191	0/00
	ed b	RT		22d. THYSICIAN'S NA	CO I	R PSINITI	MAHE	N	220 ADDRESS		idel -	TILL	Hono	.60
	retained by TO FUNEF should be d	MPORT		KENNE	=11+	120151	HEITTO	1	0001	UBM	sacruscy)		NO7	un
	Teta To sho	2	23a.	BURIAL, CREMATION,	REMOVAL	23b. DATE			EMETERY OR CI		234. LOCATION		COUNTY	STATE
14	BP	100		SPECHY) Burial			0, 1980	Little	Chapel	Cem.	CHI OX ION	Cla	arke	Va.
1			24 F	UNERAL DIRECTORZ	our	10/1/6	ruers)				REC'D. BY REGISTRAL	256. REGIST	RAR'S SIGNA	TURE
	DHMH-16		1 5	name Fund	ral L	lome. In	C. Ber	rvvil	le. Va.	MAD	9 7 1000	Timber.	w Mak	

30.57	nakku 16, 1960		askrat w/	
		2 2	augen D	
	Puro diserra dui			
	Lune Classic H. Villa		torus de Sua d	
	in a series of the series of t			
			141 080 . D cel	

YEAR 26 HOUR
7:27E
UNDER I YEAR IF UNDER 24 H
FDEATH
12b. KIND OF BUSINESS INDUSTRY
ghway, 2122
LAST
nknown
Highway
APPROXIMATE INTERVAL BETWEEN ONSET AND DE
2 weeks
- Weeks
IN PART 1(0)
VERE FINDINGS USED
NG CAUSES OF DEATH?
NO [
100170012]
COUNTY' STATE
80 , that (1) (we)
nd from the couses states
22c. DATE SIGNED
3-8-80
OUNTY STATE
ounty state Md

and the fact that the fact the fact that the fact that the fact that the fact that the m m m the second of th and the control of th per casi in the case of the ca

S IDE CAR THE STREET now perform to the series of t The second of th

		1			STAT	E OF MARYLAND			
4		1-	FOR STATE REGISTRAR			FICATE OF DEATH	REG. NO	0 6 6	77
			CEASED NAME FIRST OR PRINT)	WIDDLE		LAST	20 DATE OF DEATH	AONTH DAY YE	AR 2b HOUR
	may be page 3 ter death		VIRG.	ENIA E	F-	AR LEY		3 1 8	30 J. 20 W
	Page 4 may directar, pa haurs after d e.	3. SE		4. RACE	S. DATE	OF BIRTH H DAY YEAR 1 14 16	6 AGE (IN YEARS LAST BIRTH		YEAR IF UNDER 24 HRS
	17 and 72	70 BI	RTHPLACE ISTATE OR FOREIGN Nebraska	76 CITIZEN OF WHAT CO	DUNTRY? 8 MARRIE WIDOW	D NEVER MARRIED DIVORCED	9 BALTIMORE CITY OF	COUNTY OF DEAT	Hily MD.
201	s after by the Illed with Indiffice	10 C	Balt wire	11. NAME OF HOSPITAL (IF NOT IN SUCH FACILITY, South Belt	give street address)		17a USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF		ND OF MUSINESS OR
AND 21	thin 24 havr		AL RESIDENCE (IF NURSING HOME O TATE 13b, COUI	R OTHER INSTITUTION, GIVE RESIDE	OR TOWN	13d INSIDE CITY LIMITS?	13e STREET ADDRESS	RY Bli	vd.
MARYI	ond So	14. FA	THER'S NAME Carl 2	Albert 1	Härlen	15. MOTHER'S MAIDEN NA. Mary	ME Catherin	e	Wright
IIMORE,	be execution and construction and constr	()	VAS DECEASED EVER IN U.S. AR ES, NO OR UNKNOWN) (IF YES, GIV NO	E WAR OR DATES)	30-0144	Sharm Cof	Mann.	SS T	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	The law requires that the death certificate ician. The has been signed by the attending physician sit permit. Then please remove carbon papers ignee prior to burial, cremation, or removal, shows any injury, or ather traumatic event, the	CERTIFICATION	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT (19a, DATE OF OPERATION)	DUE TO, OR AS A CO (b) DUE TO, OR AS A CO (c) CONDITIONS CONTRIBUT THE CONDITION FO LICAL CARREL THE CONDITION FO	DIVISEOUENCE OF CONSEQUENCE OF CONSE	Incistonal ec NOT RELATED TO THE TERM West calox 3 co IN WAS PERFORMED mal Umbilically	100 AU OPSY?	t.	INDINGS USED
DIVISION OF VIT	DING PHYSICIAN: or attending phys After this certificate as the burial-tranal thy marked or tem 18	MEDICAL CER	21g. ACCIDENT WAS UNDERLYING CORCONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED AT WORK NOTIFY MEDICAL EXAMINER 22g. Lectify that (I) (this hosp	HOUR A.M. MOI P.M. 21e PLACE OF INJUR (AT HOME, STREET, FACTOR) (tol) ottended the decessed	YY RY, OFFICE, FARM, ETC.)	216. HOW INJURY OCCURI	CITY OR TOW	Y IN ITEM 18, PART I OR PAR COUNTY	Y STATE
	O HOSPITAL OR ATTEN etained by the hospital TO FUNERAL DIRECTOR: should be detached for us with the State Dept. of He MAPORTANT. If Item 21 is		sow the deceased alive an above. (I) (we) (did) (did no 22b. SIGNATURE Wyeuu 22d. PHYSICIAN'S NAME (TYPE C	Stiview the body ofter dead of the body of the of	Lin	DEGREE ATTENDING PHYSICIAN 22e ADDRESS	MEDICAL STAF DIRECTOR PHYSICS	F 226. E	SIS G H)
401	DBP Dag	23a. E	URIAL, CREMATION, REMOVAL Removal	727 62		EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY	STATE
130	DHMH - 16 50M 1/76 (VR A 15 (4))	24. FU	INERAL DIRECTOR NAME NATOMY BOARD	Balto	DDRESS Md.		AR 7 1980	Sh. REGISTRAR'S SIG	Michaely

STATE OF THE STATE

		all reco	A 500 715	J. F. L. Chi. J. J.	
			in decision.	, lule	
	THE LEWISIDE	×			
		JATZ	NION MARYERIAN HOSE	.)	factor, E
176.	John Market To	×		an ready in	
	Washington .			semest of	
	Transmission man	Parge T. day	1781-01-187	an Nak yan yan ya	
	To Asses		and site of		
	I hade	A Barrie	Contract of		
	I was decided	A Barrie	Contract of		
			Contract of		
		A Barrie	Contract of		
			Contract of		

MIDDLE

- STATE

(TYPE OR PRINT)

REGISTRAR

Buria:

DHMH - 16 50M 1/76

(VRA 15 (4))

DECEASED NAME

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

LAST

REG. NO 20 DATE OF DEATH 2h HOUR 1980 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS HOURS 9 BALTIMORE CITY OR COUNTY OF DEATH

Baltimore City (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY

1841 Caroline Street

LAST Good ADDRESS

Watchulla Tindall 1706 N. Washington

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO F

COUNTY

_, and that in (my) (aur) opinion death occurred an the date and hour and from the causes stated

Baltimore

Sn. DATE REC'D

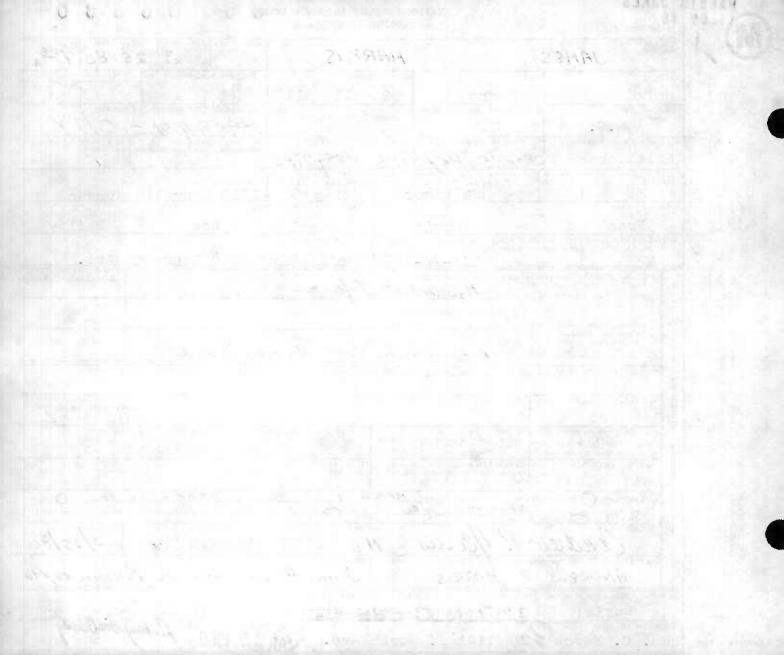
24. FUNERAL DIRECTOR

1101 E. North Ave. Wm. C. March F/H

STATE

THE COLUMN TWO CONTRACTOR OF THE PARTY OF TH

	1	ARR1:	16	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE () () 6 6 8 Q CERTIFICATE OF DEATH REG. NO.									
		X		CRPRINTI JAHES	WIDDLE		HARRIS		26. DATE OF DEATH	MONTH DA		TOTA M		
	may, pa		3. SE		4 RACE		5 DATE OF BIRTH		6. AGE (IN YEARS LAST BIR			IF UNDER 24 HRS		
,	ector s aft	nce.		Male	Negro		9 11	18	61	YRS.	ONTHS DAYS	HOURS		
0	death. P	Wied at		RTHPLACE (STATE OR FOREIGN DUNTRY) N . C .	76. CITIZEN OF WHAT	COUNTRY?	MARRIED NEVER	MARRIED TO	BALTINORE CITY O	COUNTY	OF DEATH	Y MD.		
10	by the fued within	St be not	200	altimore	11. NAME OF HOSPIT		ODBESS)	PITAL	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST O	ION OF WORKING LIFE)	12b. KIND OF INDUSTRY	BUSINESS OR		
ND 212	hin 24 ho filled in l ufd be file	June min	USU/ 13a S	AL RESIDENCE (IF NURSING HOME OF TATE 136 COUP	NTY 13c. CI	TY OR TOWN	1 134 INSIDE	CITY LIMITS?	13. STREET ADDRESS 2310 Lau	retta	Auchu	^		
YLA	with tely shou	200	14. FA	THER'S NAME				S MAIDEN NA	ME	CCLO		E		
AAR	nplei nd 2	_E		Frank	MIDDLE Ha	arris	D	earl	Lee		Bai	lev		
E,	xecute comp	med		AS DECEASED EVER IN U.S. AR	MED FORCES? 166 SC	OCIAL SECUR			ADDR	SS		10		
WO	be e and ages	the /	()		E WAR OR DATES)	2 20	0779 1 001	- TATh ++	e 2310 La	urott	7770			
5	cate ician rs. P	ent,		IS CAUSE OF DEATH (Enter or				a WILL	е 2310 па	urecc	APPROXIMA	ATE INTERVAL		
•	phys pape	ic ev		PART I. DEATH WAS CAUSE	D BY.	1000 CA	lial Infar	ction			BETWEEN ON	ISET AND DEATH		
S	th ce	or re		IMMEDIA										
0	dea	on, trau		910-	DUE TO, OR AS A	CONSEQUE	NCE OF							
PRESTO	the at	ther		Canditions, if any, which gove rise to immediate	16)						-			
₹.	that by th	or o		couse (a), stating the underlying cause last.	DUE TO, OR AS A	CONSEQUE	NCE OF. Card	in Vasa	ular Disease		1 - 11/3			
201	ned l	urial ury,			101						1010101			
	reque	to b	Z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIB	UFING TO D	EATH BUT NOT RELATE	D TO THE TERM	INAL DISEASE OR CON	DITION GIVE	N IN PART 1(0)			
DIVISION OF VITAL RECORDS,	The law e has been ermit. Th	shows an	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION F	OR WHICH O	PERATION WAS PERFO	ORMED	200 AUTOPSY?	206. IF YES, IN CERTIFY YES	WERE FINDING ING CAUSES O	SS USED OF DEATH?		
ITA	IAN ian. ficat sit p	Hygin 18	ERT	210. ACCIDENT WAS UNDERLYING			21c HOW II	NJURY OCCUR	RED (ENTER NATURE OF INJU	1		2		
7	HYSIC physic physic s certi	Item 1		OR CONTRIBUTING CAUSE OF DEA	AIR	ONTH DA								
N	PHY ng ph this this	Men	MEDICAL	(# EITHER, NOTIFY MEDICAL EXAMINER) 214. INJURY OCCURRED	P.M.	IRY	19 211 LOCATI	IÓN		-				
DIVISIO	JDING attendir After as the b	Ith and M	ME	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FAC	TORY, OFFICE, FA	RM, ETC) STREET		CITY OR TO	/ 7 =	COUNTY	STATE		
	ATTER bital or ECTOR for use	em 21 is		220 certify that (1) (this hospi sow the deceased alive on above (1)/(we) (did) (did no	MARCH 24	19_8	MARCH I		death occurred on the d	ote and hour	,,	at (() (we) last ouses stated		
	the hosp ALDIR etached	ite Dept		22h SIGNATURE UN drei	w CHa	rus	DEGREE M.D.	ATTENDING PHYSICIAN	MEDICAL STA	FF CIAN 🔭	3/2	5/80		
	d b	with the State		224 PHYSICIAN'S NAME (TYPE O ANDREW	P HARI	2/5	22e ADDRE	SS	eins Hospi		ALTIMO	RE MD.		
,	TO F TO F shoul	N With	230 5	URIAL, CREMATION, REMOVAL			AME OF CEMETERY OR		234. LOCATION					
1/1	- PD		(Burial Burial					CITY OR TOWN		OUNTY	STATE		
000	BP		74 FI	INERAL DIRECTOR	3/28/80	KI	ng Memori		k Baltimo		AR THE GIN	MD		
	DHMH-1 (VRA 15,			m. C. March	F/H 1101	E. N	North Ave		0 2 4000	perfor	ymoun	7		



FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. WIDDLE 20. DATE OF DEATH 1. DECEASED NAME JAMES HARRIS MONTH DAY YEAR 2b. HOUR TYPE OR PRINTS TAMES HARRIS 4 RACE 5. DATE OF BIRTH 3 SEX & AGE (IN YEARS LAST BIRTHOAY) IF UNDER I YEAR MONTH DAYS HOURS Male White 1910 March BIRTHPLACE ISTATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH Th CITIZEN OF WHAT COUNTRY MARRIED NEVER MARRIED COUNTRY) Maryland USA Baltimore City DIVORCED T WIDOWED IN CITY OR TOWN OF DEATH 1) NAME OF HOSPITAL NURSING HOME OF OTHER INSTITUTION 12b. KIND OF BUSINESS OR ETYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Baltimore Baltimore City Hospital Cab Driver Yellow Cab DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 JSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 130. STATE 136 COUNTY 13e. STREET ADDRESS 13d. INSIDE CITY LIMITS? Baltimore Maryland 617 S. East Ave. 21224 YES X 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE E MIDOLE Lillian James Harris Patterson ADDRESS 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 217-07-4130 Martha M. Harris-wife-same address APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I DEATH WAS CAUSED BY multiswhem progressive IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which month recurrent gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse MACHINESIN abhominal PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/6) CERTIFICATION 0 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED d ō IN CERTIFYING CAUSES OF DEATH? repirates 14 Dec 79/21 JM. 80 abdiantic anewym actable diatrike NO Нув 21n ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH 10-11 Mental MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 214 INJURY OCCURRED 211. LOCATION 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE WHILE AT WORK AT WORK MATEN 80 220.1 certify that (1) (this hospital) attended the deceased from. saw the deceased alive on 6 March -view the body ofter death 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL * MO DIRECTOR PHYSICIAN PHYSICIAN | MPORTANT: be de 22d. PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS id b BRADFORD WALTERI BALTIMORE CITY HOSPITALS 용속 230. BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23b. DATE Baltimore, STATE Burial Gardens of Faith 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERALD RECTOR EX Funeral DHMH - 16 50M 7/77 1 Brehms Lang (VRA 15 (4)) Home, Inc. Balto Md 2121

15.4 St. 16.4 St.	FIRST AN		TEN NE V	
	DESCRIPTION OF THE PARTY.		alitin.	
		s o erocutied)		
		11.8		
Edward South	ATTORNEY OF THE			
	44.754X.77^\		1 - (- (N _ N) -) - (- (N) -)	
	2 - 12 - 12			
		150		
3.74(16)(6)(4)(4)	SCHOOL TO HE	15 Evaluation 15		

S C T C D T L EL PLICATION DE LA COMPANION DE 1. Olso sale to america and ataphies 1000 JUNE 40 AMONTERED 5918115 (11) July 20 60 4 30 X Jarres longer's the board soughed A ? . The case has

1101 E. North Ave.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

2b. HOUR

12b. KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO I

STATE

STATE

MD

COUNTY

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

22c. DATE SIGNED

IF LINDER 24 HRS

80

INDUSTRY

Daphney

DAYS

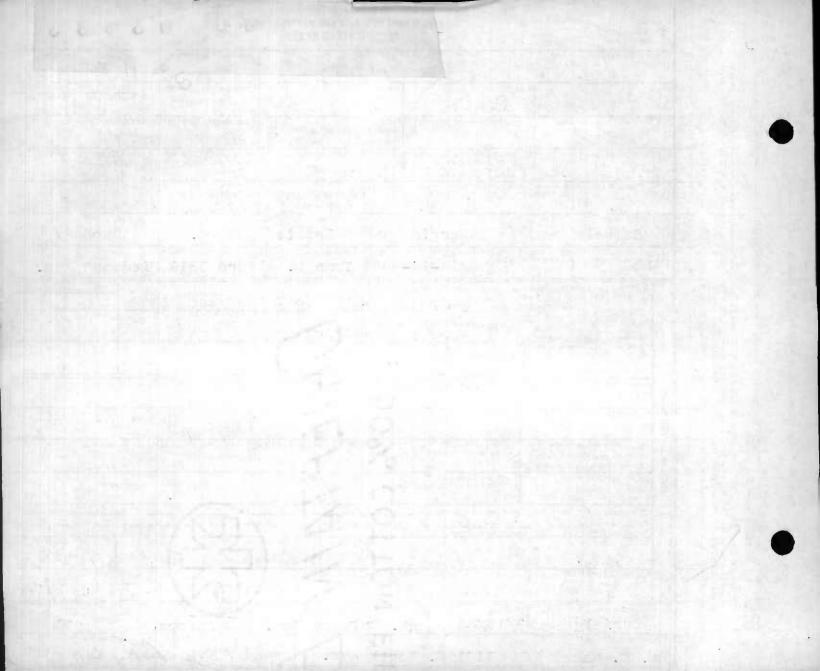
FOR

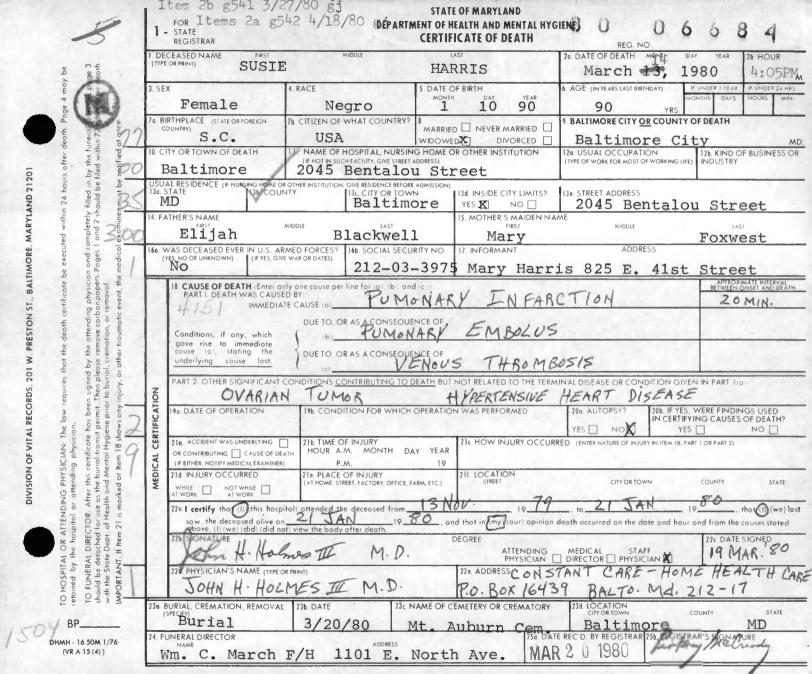
REGISTRAR

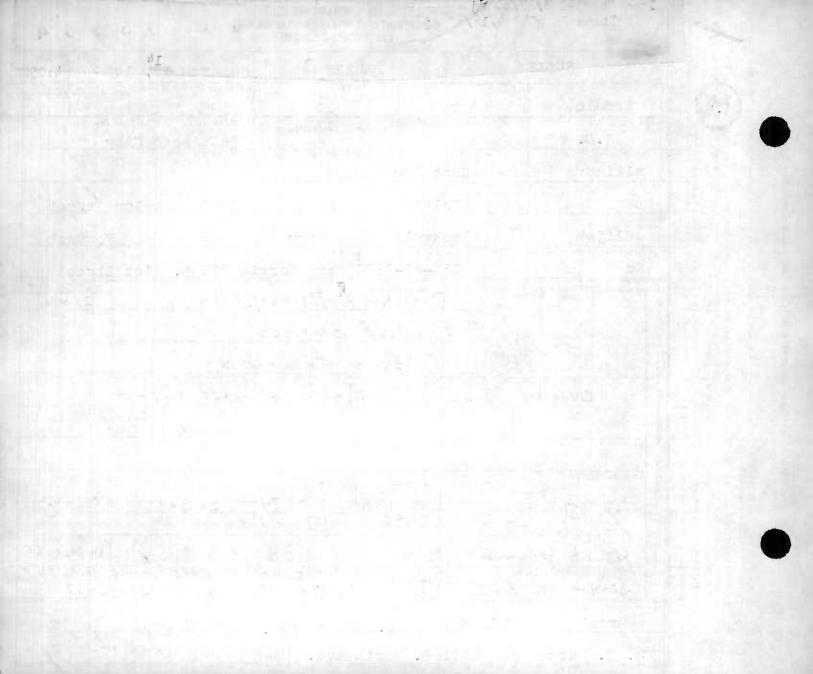
24. FUNERAL DIRECTOR

Wm. C. March F/H

DHMH - 16 25M (VR A 15 (4)) 9/74 - STATE

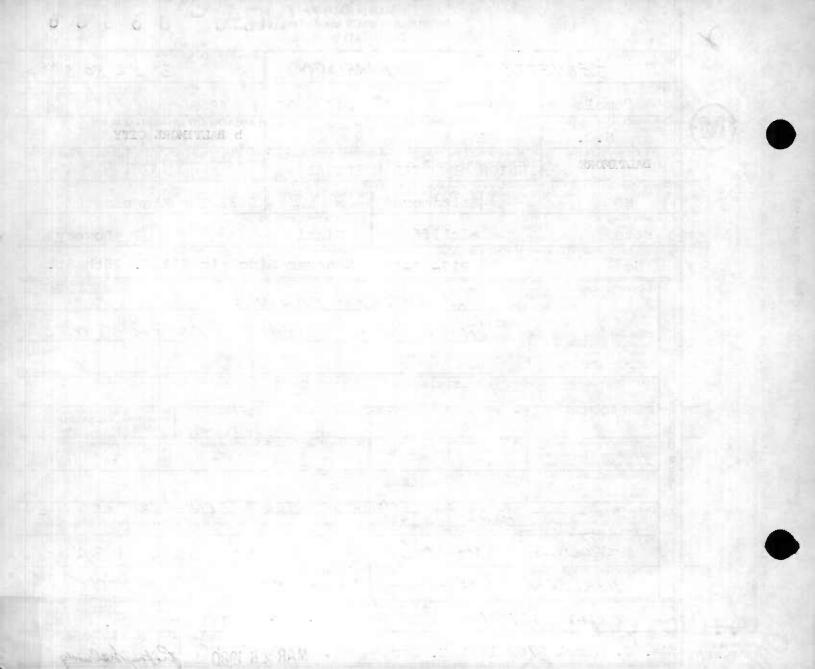






A STATE OF THE SHOPE OF THE SECOND

2	1	FOR - STATE REGISTRAR	DEPARTI	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENĖ ()	06086
m 6 8 8		CEASED NAME FIRST TEANE	-TTE MIDDLE	HARRISON	2e DATE OF DEATH	3 22 80 3 45
	3 SE	x Female	A RACE Negro	DATE OF BIRTH MONTH 2 14 32	6. AGE (IN YEARS LAST BIRTI	MONTHS DAYS HOURS M
(M)	1a. B	IRTHPLACE ISTATE OR FOREIGN OUNTRY]	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED M DIVORCED	9 BALTIMORE CITY O	R COUNTY OF DEATH ORE CITY
14	ia c	BALTIMORE	II. NAME OF HOSPITAL, NURSIN IF NOT IN SUCH FACILITY, GIVE STREET UNION MEMORI	IG HOME OR OTHER INSTITUTION	12e USUAL OCCUPATION (TYPE OF WORK FOR MOST OF	DN 12b. KIND OF BUSINESS INDUSTRY
Sales of the sales	13a	AL RESIDENCE (IF NURSING HOME OF STATE MD	NOTHER INSTITUTION, GIVE RESIDENCE REFORM 136. CITY OF TOW Baltimo	N A 134 INSIDE CITY HALTS?	2832 The	Alameda
mpletely ind 2 sho dical exa	14 F.	Pete	MDOLE Radcliff	15. MOTHER'S MAIDEN NA Lizzie	ME MIDDLE	Lowery
Pages 1 a	16a \	NAS DECEASED EVER IN U.S. AI YES, NO OR UNKNOWN] IN YES, GN		RITY NO. 17 INFORMANT -3925 Genevar S	inclair 43	
r signed by the attending len please remove carbor to burial, cremation, or to burial, or other traum: y injury, or other traum:	Z	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO E	TATIC BREH		
rificate has been nist permit. The Hygiene prior in 18 shows an	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY?	200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
ofter this certificat the burial-transit p and Mental Hygii arked or Item 18	MEDICAL CER	216 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (# FITHER NOTIFY MEDICAL EXAMINER 214 IN JURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	HOUR A.M. MONTH DA	19 21f LOCATION	RED (ENTER NATURE OF INJUR	
TO FUNERAL DIRECTOR: A should be detached for use as with the State Dept. of Health IMPORTANT: If I tem 21 is m		220.1 certify that (I) (this hosp	DR PRINTI	DEGREE ATTENDING PHYSICIAN	deoth occurred on the do	te and haur and from the causes state
STA		HARLEE.		MD 201 East Univ	usia Lass wa	



	1-	FOR STATE					AND MENTA		0.6	5.8	7
-	1.05	REGISTRAR	FIRST	WEI	MIDDLE	AMINER'S	CERTIFICATI		REG. NO.	0 0	1
(M)		CEASED NAMI	THOM	AS	H.	HA	RRISON	OF	KNOWN A MO ESTI- MATED 3		AR 25. HOUR
15 Z	3. SE	ale	4. RACE white	S. DATE OF BIRTH	YEAR I.	GE (IN YEARS IF UP AST BIRTHDAY) MONT 5 YRS.		DER 24 HRS. 2c. DATE MIN. PRONOUN DEAD	ICED -	_	80 8:15
PRESTO	70 B	RTHPLACE (STREIGN COUNTRY) Penna		76. CITIZEN OF WE		1.0.1	IED THE NEVER MA	ARRIED L		DUNTY OF DEATH	H DW
IF ANY DELAY IS NE. 2, AND 3 TO THE FULL 3. RETAIN PAGE SHOULD BE FILED I. RECORDS, 301 W		TY OR TOWN Elkton		11. NAME OF HOS (IF NOT IN SUCH FAI Union	Hospita	G HOME, OR OTH ADDRESS)		120. USUAL OCCUP FOR MOST OF WOR Custodia	PATION (TYPE OF W		USTRY
3. RETAIN SHOULD B	13a, S	AL RESIDENCE TATE elaware	1181 COUN	protherinstitution, gn ITY Castle	13c. CITY OR KITKW	NWO	13d. INSIDE CITY LIMIT		ss		
COURT S		THER'S NAME FIRST Willia	um		Harrisc		IS. MOTHER'S M. FIRST Elizal	AA.		Bower	
WITH FORM F. PAGES 1 AN DIVISION OF	16a. V	ES. NO, OR UNKNO Yes	W. Wa:	war or dates)	222-05				Box 302	• 19348 Kennett	Square
RWARDED TO THE CHIEF MEDICAL EXAMINER ALONGS TAGE 3 SHOULD BE USED AS A BURIAL-TRANSIT PERMIT. STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, ID 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.	NO	Condition gave ris cause (o) lying cou	ns, if any, which to immediate stating the underse last.	(b)	as a conseq as a conseo	UENCE OF					
OF HEA	CERTIFICATION	190. DATE OF	OPERATION	19b. CONDIT	ION FOR WHIC	CH OPERATION W	AS PERFORMED?	N. Gires		20. AUTOF	
EPARTMENT FOR TO BUR	MEDICAL CERT	UNDERLYING CONTRIBUTION	OCCUPPED	DEATH 6:45 P.M.	MONTH DAY 3-18-	1980 Dr	iver in p	RRED (ENTERNATURE OF INJ Dick-up truc		OR PART 2)	
TATE D	Σ	AT WORK	NOT WHILE K	STREET, FACTI	ORY, FARM, ETC.)			Rt. 316 EIR	ion (Cécil	Md. TE
WITH THE		22a I certii death resulte		rol couses ,	Accident X	eld an <u>Autop</u> , Suicide	Homicide TITLE (SPECIFY Assists	Undetermined mo	onner .	ATE 3-19-	-80
PAGE AND PAGE OF TO FUNE RAIL DE STER		EXAMINER'S (TYPE OR PRIN	***	n M. Dixo			ADDRESS	lll Pann St.		GNED 5>	
P A T A A	(:	Buria.		3-22 1980		of CEMETERY C	r CREMATORY emorial P	k. Farnhu	rst N	ew Castl	e Del.
DHMH - 17 (VR A15 ME (5))	7	HET AL DIREC	no O	Mor	100	24 Penn A	rve.	MAR 26 19		R'S SIGNATURE	ready

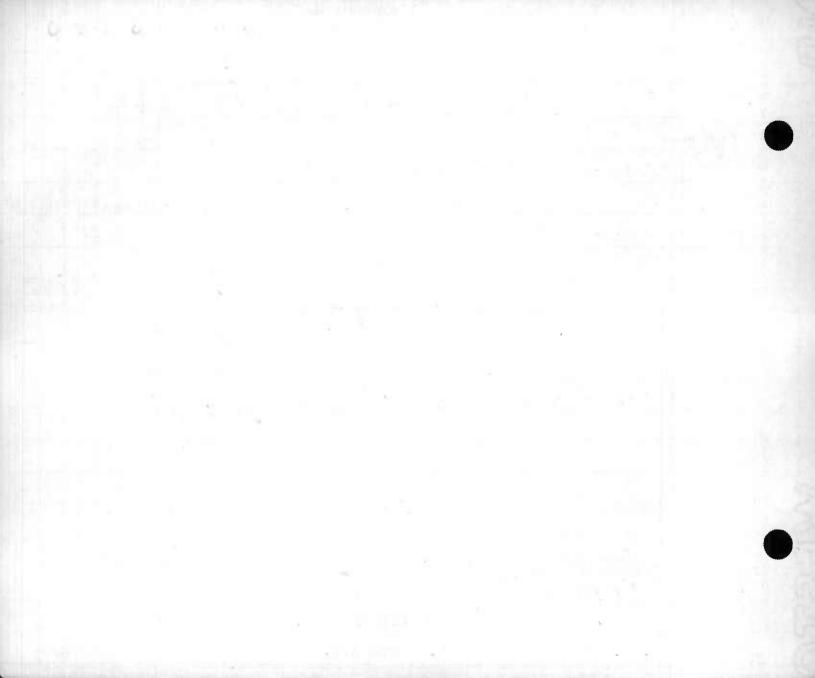
1			
		(
ALL MERCHANIS		•	
			0.000
	the state of the s		
artes de la	and provide the state of the state.		
	BUTTER OF THE STREET		
TOTAL BEAUTY			
			- Laboratori
	The second secon	. 6	

	X		1 -	FOR STATE REGISTRAR		DEPART	MENT OF H	E OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH	ŠIENE) ()	6 5	8	8
60	. 64			CEASED NAME FIRST OR PRINT)		WIDDLE		AST	20. DATE OF DEATH	MONTH DAY	YEAR	26 HOUR
(M)	oy be			MILT				ART		3 24		10:05A
U	4 mc				4 RACE Black		5. DATE C		6 AGE (IN YEARS LAST BIRT	HDAY) IF U	MS DAYS	HOURS MIN
	ge			MALE			5	10 25	54	YRS		
	deoth. Po unerol dir nin 72 hou	20	NOI	RTHPLACE (STATE OR FOREIGN DUNTRY) RTH CAROLINA	U.S	WHAT COUNTRY?	MARRIE WIDOWE	D DIVORCED		ORE CIT		W
201	rs ofter dec by the fune filed within	23 Perilied		BALTIMORE	VA MEI	DICAL CEN	TER B	ALTO. MD.	TRUCK DRI		26. KIND O NDUSTRY	OF BUSINESS OR
MARYLAND 2120	filled in nould be	Servet be	13a S	AL RESIDENCE (IF NURSING HOME OF TATE 136 COU	R OTHER INSTITUTION NTY	GIVE RESIDENCE BEFORE 13c CITY OR TOW BALTIM	N	13d Inside City Limits?	2117 GUIFO	RD AVEN	UE 21	218
MARYL	completely t	3.00	14 FA	SHEPPARD	WIDDLE	LAST HAF	2T	15. MOTHER'S MAIDEN NA WILLIE	MIDDLE	JOHN	ISON 1A5	Te
AORE,	be execut on and ca s. Pages 1	the medical		VAS DECEASED EVER IN U.S. AI (IF YES, GIV YES WW	E WAR OR DATES)	166 SOCIAL SECU 214-12-		17 INFORMANT HATTIE HART	CHICAGO, 1			
201 W. PRESTON	quires that the death certificate signed by the attending physici hen please remove corbanapape to having researches or compage	njury, or other troumatic e	NO	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost	DUE TO, OI	AS A CONSEQUE RAS A CONSEQUE	NCE OF	thy heart	facus fa-	JITION GIVEN I	N PART 110	0
DIVISION OF VITAL RECORDS,	he lo	ows ony	CERTIFICATION	19a date of operation	19b. COND	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WE IN CERTIFYING YES	RE FINDING CAUSES	NGS USED OF DEATH?
OF VIT	SICIAN: T ng physici certificate rrial-transi	00		210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINER	ATH HOUR A.	M. MONTH DA	YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	RY IN ITEM 18, PART 1	OR PART 2)	
IVISION	affending the burner of the bu	arkedor	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE ((AT HOME, STR	OF INJURY SEET, FACTORY, OFFICE, F	ARM, ETC.)	21f. LOCATION STREET	CITY OR TOV	VN C	COUNTY	STATE
	attentille aspital or ECTOR: Al	m 21 is mo		22a. I certify that (X (this hasp saw the deceased alive o above, (A (we) (did) (did)	MARCH 2 t) view the body	deceased from 19		d that in (m) (aur) apinian	, 10	ote and haur and	d fram the	
	y the har	Z = Z		226. SIGNATURE	lotus	M			MEDICAL STAI	IAN 🛣	3/24	
	retained by the TO FUNERAL I should be detailed.	MPORTA		22d. PHYSICIAN'S NAME (TYPE	OR PRINT)		-	3900 LOCH	RAVEN BLVD.	BALTO.M	D. 2	1218
1204	BP	_	23a. B	URIAL CREMATION, REMOVAL BURIAL	3-29-8		T. AU		23d. LOCATION CITY OR TOWN BALTIMOR		RYLAN	STATE
	MH - 16 50M 1, (VR A 15 (4))	/76		INERAL DIRECTOR	IIIDC -	ADDRESS	MON		TE REC'D. BY REGISTRAR		SSIGNAT	URE

TOO TO THE STATE OF THE STATE O	THE TANK OF THE PARTY OF THE PA	000000000000000000000000000000000000000				
NAMES OF STATE OF STATES OF STATES.	AAR TANDER OF BEST OF BEST OF THE THIRD STATE OF THE					
NATIONAL TARROLL TO THE TARROLL AND THE TARROL	ALTERNAS UN DESCRIPTION STATES ANTANA PROPERTY AND ANTANA PROPERTY	:05/08/10/10/10	511.7		38075	
ALLETTORES IN TERMEDIAN STATES AND STATES AN	ALLEY CORRECT TATES AND					
MANAGES CALLED CONTROLLED CONTROL	ALLENS STATE STATE STATE STATE STATE STATE AND STATE S		50 05			83744
THE COLORS OF TH	SECURITY OF THE SECURITY OF TH	vi to ngore in			4.8.0	Attriosin ignor
TOWN THE THREE STATES AND THE STATES	AMERIC DE MANUEL EN LA STEEL BENEFIT		.mi .min	i serien a		SPORTWALL
	A ARC C. ST. ARC ST. A	BIRTO EMENTA COOXIDE TECH		Sha English		CEATT NE
	A ARC C. ST. ARC ST. A				٠	
	ARCIC TOO TON ANY THE STORY AND ARCIC TOO TON ANY THE STORY AND ARCIC.			has a has		11
	ARCIC TOO TON ANY THE STORY AND ARCIC TOO TON ANY THE STORY AND ARCIC.					
	AND TO THE STREET, TOO TOWN STREET, TOWN STREET, TOO TOWN STREET, T					
	AND TO THE STREET, TOO TOWN STREET, TOWN STREET, TOO TOWN STREET, T					
TO THE SECOND OF	Aver 1 - Aver 1 - Aver 2 - Ave					
TO THE SECOND OF	Aver 1 - Aver 1 - Aver 2 - Ave					
TO THE SECOND OF	Aver 1 - Aver 1 - Aver 2 - Ave					
ORANGE : THE STREET OF THE STR	ARCIC COMPANY OF STREET					
ORANGE : THE STREET OF THE STR	ARCIC COMPANY OF STREET					
ORANGE : THE STREET OF THE STR	ARCIC COMPANY OF STREET					
ORANGE : THE STREET OF THE STR	ARCIC COMPANY OF STREET					
ORANGE : THE STREET OF THE STR	ARCIC COMPANY OF STREET	47		district the same of the same		
ORANGE : THE STREET OF THE STR	ARCIC COMPANY OF STREET	· ·		Thes.		Cart of the parties of the
OCA AST	Art onlesse with this man dent	the state of the s			C=X IT IT AR	THE PERSON NAMED IN
OCA AST	Art onlesse with this man dent					
TOO TOWN THE STORE THE STORE THE STORE STO	Set . onlyngsar . with spring that done					
TOO TOWN THE STORE THE STORE THE STORE STO	Set . onlyngsar . with spring that done	064/62/1				
		The Name of Street, and the St				
		Park Shidhen not a thirt	120 T 0002			
					100	
		TOUR TOUR		_		0

	1						E OF MARYLAND	140				
	1	FOR STATE REGISTRAR			DEPART		EALTH AND MENT		E Ü REG. N	0 6	6 8	9
		CEASED NAME OR PRINT)	FIRS I	OUIS	XOMOCIA	HARTN	MAN MAN	3	DATE OF DEATH	3-2	YEAR SO	26 HOUR
	3 SE	MAL	E	RACE	MHITE	5 DATE O	DE BIRTH	52	AGE (IN YEARS LAST BIR	YRS.	IF UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN
et 35		RTHPLACE ISTATE OR FOR DUNTRY) BALTIMORE	MD.	U.	S.A.	WIDOWE		ED 🗌	BALTIMÖRE CÎTY <u>C</u>	BALTI	MORE CI	
31	В		MD.	(IF NOT IN SUC	ALT IMORE	CITY	HOSPITALS		B USUAL OCCUPAT YPE OF WORK FOR MOST O RETIREL	F WORKING LIFE	12b KIND OF INDUSTRY SANITA	STANDARD RY MNFG.
ag S	130	MD.	RECOUNT	THER INSTITUTION, Y INTERINSTITUTION, Y	13c. CITY OR TOV	VN	13d INSIDE CITY LIA YES NO	K)	STREET ADDRESS 808 WIS	E AVE		
Somin Somin		THER'S NAME FIRST CHARLE	S HA	RTMAN	LAST		15. MOTHER'S MAIL FIRST			AFER	LAST	
vent, the medical		VAS DECEASED EVER II (ES, NO OR UNKNOWN)		NED FORCES?	213-01		17 INFORMANT EVELYN 1	K. HAI	ADDRI RTMAN : BA	2000 (LTO.,		AVE.
injury, or other traumat	NOI	Conditions, if ony, gove rise to immucouse (o.), storing underlying couse	the lost	(b) DUE TO, OF	RAS A CONSEQUE	STA ENCE OF	NOT RELATED TO TH	HE TERMINA	AL DISEASE OR CON	DITION GIVE	N IN PART 1(o	
2 yows out	CERTIFICATION	190 DATE OF OPERATI		19b CONDI		OPERATIO	N WAS PERFORMED		200 AUTOPSY? YES NO	IN CERTIF	WERE FINDIN	
ked or Item 18 sh	MEDICAL C	OR CONTRIBUTING CA (IF EITHER, NOTIFY MEDICAL 21d INJURY OCCURRE WHILE NOT WHI	EXAMINER)	HOUR A./ P./ 21e. PLACE (M. MONTH D M.	AY YEAR 19 FARM, ETC.)	211 LOCATION STREET	OCCORRED	CITY OR TO		COUNTY	STATE
em 21 is mork		220.1 certify that (1) (1) sow the deceased by (di	this hospital	3 2	2 i 198		, 19, and that in (my) (our) o	80 opinion dea	, to	ste and hour		
IMPORTANT: IF H		226 PHYSICIANS WAR	ME (TYPE OR I	PRINT)	eh HE k		ATTENI PHYSIC		MEDICAL STA DIRECTOR PHYSIC		3-2 40G	08-15 ASTER
	23a. I	BURIAL, CREMATION, R SPECIFY) BURI		23b. DATE 3-24-	80	ST. P.	EMETERY OR CREMA	TERY	23d. LOCATION CITY OR TOWN CARDIFF			STATE MD.
/76	2 b	INERAL DIRECTION	der+S	on, Luc			LING ST.	25 and ATE RI	2064 1380 ar	25h. REGISTI	AR'S SIGNAC	IRE

and the second s . YHID RUNGHITIAH Calling Diagrams - Language Charles of the control of the contro wava dan eur X varied an edition .03 UNITARE SELDANICE SERVICE 1 4 ... 10 1045 The particular of the state of the particular of the state of the stat THE CALL OF THE PARTY OF THE PA Name of the state of the Legal - Carrier - Carrier



13	1.	FOR STATE REGISTRAR			DEPART	MENT OF H	E OF MARYLAND EALTH AND MENTA ICATE OF DEATH		HARES N	D. F.	HARO R	1
(DA)		CEASED NAME FI	RST		MIDDLE	1	AST		O DATE OF BEATH		DAY YEAR	26 HOUR
FIRM	,	Edward	f		W.	Has	sson		March	26,	1980	06:43pm
and the second	3 SE		4	RACE		S DATE C	F BIRTH		. AGE (IN YEARS LAST BIRT	THDAY)	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN
age 4 ector rs aft		Male		White		Aug	. 29 19		60	YRS.		HOURS MRN
Th. P	7a BI	RTHPLACE (STATE OR FOREIG	N 7b	CITIZEN OF	WHAT COUNTRY	MARRIE	NEVER MARRIE	p []	BALTIMORE CITY O			
dean 72		Md.		U.S.		WIDOWE	D DIVORCE	D 🗆	Baltimor		-	MD.
urs after oy the fur		altimore	y	The	HOSPITAL, NURSI HEACILITY, GIVE STREE JOHNS H	NG HOME (I ADDRESS) IODKII	ROTHER INSTITUTIONS AS HOSPIT	al	TO USUAL OCCUPATION OF WORK FOR MOST OF WORK FOR MOST OF WORK FOR MOST OF THE PROPERTY OF THE	ION FWORKING LI O-B.	industry Heal	th Ins.
Thomas Thomas Freema inthin 24 hours liv filled in by the hould be filed v	130 5	AL RESIDENCE (IF NURSING)	COUNTY	1	GIVE RESIDENCE BEFOR	NN	134: INSIDE CITY LIM	37	street address Long Gre	en Ro	d .	
A High with should shou	_	THER'S NAME					15 MOTHER'S MAID					
of day		Charles	MID	DLE	Hasson		Lillian	n	WIDDIE		Hott	es
ZOXX 25 E		VAS DECEASED EVER IN L			166 SOCIAL SEC	URITY NO	17 INFORMANT		ADDRE	SS		
S an an		Yes W	W 1	AR OR DATES)	219-03	-0180	Dorothy	N.	Hasson	Sa	ame	
DET POET PRICATE IN PROPERTY P		18 CAUSE OF DEATH (E PART I. DEATH WAS	CAUSED	BY			+ failure				BETWEEN O	MATE INTERVAL 3 ONSET AND DEATH
W. PRESTON ST., On-med] ief ME] interfed death cert interfed dea		4149		DUE TO, O	R AS A CONSEQU	JENCE OF				-		
W. PRESTO OD-MG That The de by the atten e remove can c. cremation, or other tra		Canditians, if any, who	ate	(b)	Myo can		schenia					
noll his est read by the sase registre, cre is a cre		cause (a), stating underlying cause li		DUE TO, O	RAS A CONSEQU		-				200	
DS, 20	Z	PART 2 OTHER SIGNIFIC	ANT CO	NDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO TH	E TERMIN	IAL DISEASE OR CON	DITION GIV	EN IN PART 10	01
ws s be	CERTIFICATION	198 DATE OF OPERATION	1				N WAS PERFORMED		20s AUTOPSY?	20b. IF YE	S, WERE FINDIN	NGS USED OF DEATH?
AMPINE and	1	3 25 80			, MR, C	mr.			YES NO		S X	но 🗌
Telea Telea Physician. Siscertificate ha is certificate ha ial-transit permitental Hygiene or I tem 18 sho		218. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS	E OF DEATH	11b. TIME C HOUR A.	M. MONTH	AY YEAR	21¢ HOW INJURY C	OCCURRE	D (ENTER NATURE OF INJUI	RY IN ITEM 18, I	PART 1 OR PART 2)	
be re interpretations be re interpretation trending physicial t	MEDICAL	214. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK		21e PLACE			211 LOCATION STREET		CITY OR TOV	WN	COUNTY	STATE
TOR: A		22s I certify that (I) (the	live on	March	76 10	MA.			, to March	26 ate and hav		that (I) (we) last
REC d for pt. o	100	abave, (1) (we) (did):	(did not) v	view the bady	after death.		DEGREE				22c. DAJE	
ITAL Of the her RAL DI detache trate Dej					co M.D			DING	MEDICAL STA	FF IAN	3 (2	15 80
OSP ned b UNE dbe the S		Kenneth L	(TYPE OR PR	anco A	1.D.		JH H	-	Baltimore	, Mar	yland	
TOF To shoul with	23a. E	JURIAL, CREMATION, REM		23b. DATE		NAME OF C	EMETERY OR CREMA	TORY	23d. LOCATION		COUNTY :	STATE
BP		remation		3-28	-80 S	ecuri	ty Proce	SS	Caltonsv			
0000 DHMH-16 25M	24 F	INERAL DIRECTOR			Co ADDRESS E	905	ork nd 2	So. DATE	REC'D. BY REGISTRAR	250. BEGIS	RAR'S SIGNA	URE
(VRA 15, 4) 1/79	H	.W. Jenkir	18 &	Sons	Co., E	salto	, Md.	MAR	2 8 1980	July	7	7

4 4

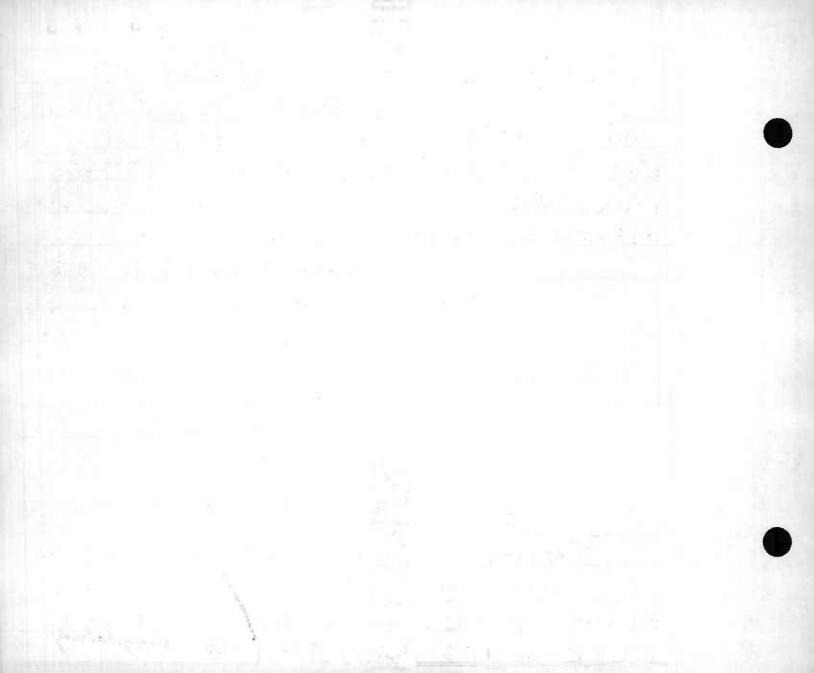
TO THE SECOND SE . the foliant. A. F. evidence: Lasting of Links better the condition Add to the control of osmic posenti. L videgot LI - U-GISE II Let Securify the control of the special subsection of the security that security the security that security the security the security the security that security the security the security that security the security that security the security the security that securit

the same and all the same a mainteet to the

0	It	ems 21a&22a G5		da'd State of Ma TMENT OF HEALTH A		CITAL O A		
000	1.	STATE REGISTRAR	DEPAR	CERTIFICATE		REG. N	0 6	9 2
(190)		CEASED NAME FIRST	MIDDLE	LAST			MONTH DAY YEAR	26 HOUR
Val.	,,,,,,	(LEWIS) Z	0415 1	VATTEN	TR	MAR. 2	1,1980	8:22 M
and and	3 SE	X	4 RACE	5 DATE OF BIRTH		6. AGE (IN YEARS LAST BIR		
age 4 ector s afti		Male	Negro	6 2	0 YEAR 31	48	YRS. DA	YS HOURS MIN
A. P. hourr		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTR	Y? I	VER MARRIED	1 BALTIMORE CITY O	R COUNTY OF DEATH	
Series of the se		MD	USA	WIDOWED	DIVORCED [BALTI	MORE	MD,
after he fu vithii	10 C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS		INSTITUTION	126 USUAL OCCUPAT		D OF BUSINESS OR
Do part s	_	altimore	JOHNS HOPK	INS HOST	PITAL			N.
24 he 24 he	USU 13a. S	AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION, GIVE RESIDENCE BEF		DE CITY LIMITS?	13e STREET ADDRESS		
thin ?	_	ID	Baltin			415 N. W	olfe Stre	eet
RY wi	14. F/	THER'S NAME	MIDDLE LAST	15 MOT	HER'S MAIDEN NA	ME		LAST
E, MA		Louis	Hatten	Sr.	Pearl			ook
AORE,		VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SE	CURITY NO 17 INFO	RMANT	ADDRI	55	
FIMC e be an ar Page t, th		No	212-30	0-9353 Vi	rginia (C. Parris	2454 Brer	twood Ave
BAL1 ficat ficat ysici pers. oval.		18 CAUSE OF DEATH (Enter on	ly ane cause per line for (a), (b),	and ich			BETWE	POXIMATE INTERVAL EN ONSET AND DEATH
St., certi g ph n pa rem atic		PART I. DEATH WAS CAUSE	TE CAUSE (0) Phone	moma			TV	merchans
No din	119	9770	DUE TO, OR AS A CONSEC	UENCE QF			1	anda O
ation at the state of the state	- 1	Conditions, if any, which	(1 (b) H8D1	ration			IW	recourse.
W. PRESTON that the dependency the attending of the remarking, or other traum		gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSET	UENCE OF			12	5
201 Wires the part of the part		underlying cause last.	(c) Quao	raphyla			119	ms.
S, 20	7	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT REL	ATED TO THE TERM	AINAL DISEASE OR CON	DITION GIVEN IN PART	1(0)
DIVISION OF VITAL RECORDS, DING PHYSICIAN: The law recreating physician. After this certificate has been signed to the step burial-transit provide phoritor marked or Item 18 tholes as when the step burial the step burial transitions.	CERTIFICATION	Name						
The Co	ICA	1% DATE OF OPERATION	196 CONDITION FOR WHIC	TH OPERATION WAS PI	RFORMED	200 AUTOPSY?	206. IF YES, WERE FIN	
A Sales	RTIF	pone	None			YES NO	YES [NO 🗆
F VITA IICIAN sician. retficat ransit pal Hygi		210 ACCIDENT WAS UNDERLYING OR CHINESE OF DEA		DAY YEAR ZIC HO		RED (ENTER NATURE OF MILL	RY IN ITEM 18, PART 1 OR PART	2)
NON HYS	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	19	Now	L		
SIO Iding Iding Ind N	MED	214. INJURY OCCURRED	218 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	E. FARM, ETC.) 21f LOC	TREET	CITY OR TOV	VN COUNTY	STATE
AA STAN	13	AT WORK LAT WORK LA		Mand:	ME O	A Harrel	7/9/ 640	
TEP TOR USE Hea		27a I certify that (1) (this hospi	1\1/2 met/4 /1 W	Showing	10_0	O POWO		, that (i) (we) last
Te no con te man	10		t) view the body after death.	-	SAFIGHE STILLION	death occurred on the d		
Chec Chec		22b. SIGNATURE	1011	DEGREE	ATTENDING _	MEDICAL STA		TE SIGNED
PITA by the ERA State ANT		Teresmu	MM	100 100	PHYSICIAN [DIRECTOR PHYSIC	IAN D 3	21/80
HOSPIT ained by FUNER, build be de h the Sta		274 PHYSICIAN SNAME (TYPED	07	220 00	DRESS	Ne Lle	miles Do	The mollant
TO H TO Fu Shoulk with		WE IN P		\\docum_{\infty}	MIZHO	Signs box	hwan 126	MIMORCIVE
101	23a (SURIAL, CREMATION, REMOVAL		. NAME OF CEMETERY	OR CREMATORY	Baltin	nore 'Co.	MĎ ^{ate}
060 BP		burlal	3/26/80 V	Vestview !	Mem. Pk			
DHMH-16 25M		UNERAL DIRECTOR	ADDRESS		25e. DAT	E REC'D. BY REGISTRAR	256. REGISTRAR'S SIGN	KOLANDA
(VRA 15, 4) 1/79	M	m. C. March	F/H 1101 E.	North Av	e.	MAR 2 4 1980	11/11	

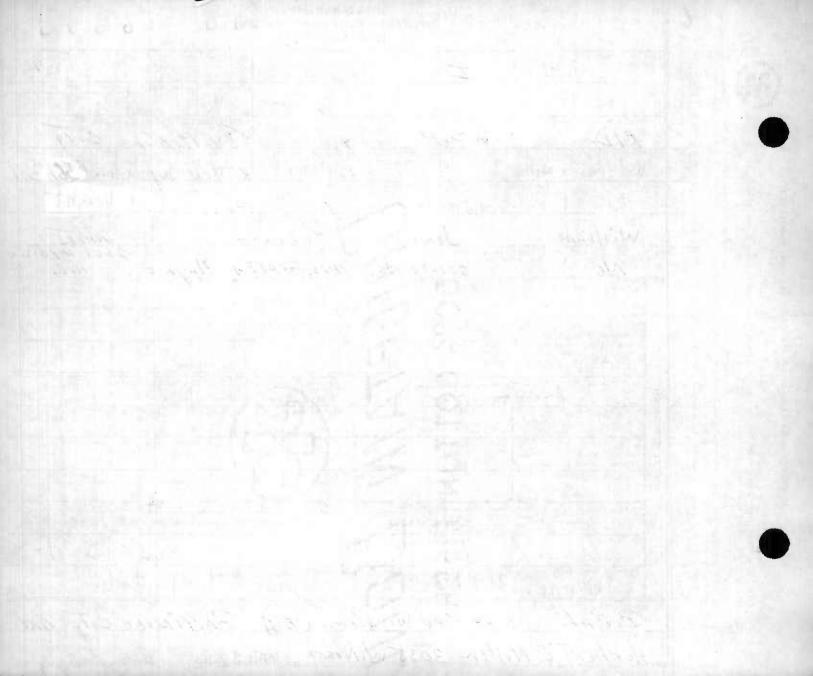
MELLEN HELLEN BRITIMERE TETHER HEROWS MESPITAL 8 pull monet PARL WAR 2 MICH 31/17 1345. الاستار السوطاريع Devois 2001 18 68 YEARING COP TIS JOHN MISSISSIME Milystelmens 34.5,8 174 NOW James Horold Lings Horold Burner Burner

		1		STATE OF MA	RYLAND			
(AA)		1	FOR - STATE REGISTRAR	CERTIFICATE OF DEATH CERTIFICATE OF DEATH REG. NO.				
(IAI)	page 3	(14)	ECEASED NAME FIRST	E LI HAWK	20.0	ATE OF DEATH MONTH D	YEAR 2b. HOUR	
oge 4 mo	ors offe	3. 5		S. DATE OF BIRTH	3-1900	79 YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS AONTHS DAYS HOURS MIN	
decemin	or Phin 72	5	COUNTY	CITIZEN OF WHAT COUNTRY? MARRIED NE WIDO WED ST	DIVORCED	BAL TO	CITY MO	
IL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 he low requires that the death certificate be executed within 24 hours of	by filed	0	BALTO	HER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION		USUAL OCCUPATION OF WORK FOR MOST OF WORKING LIFE	NDUSTRY CE	
	d 2 should be	5 134	STATE THE COUNTY		IDE CITY LIMITS? 13. S	STREET ADDRESS	DAW PLACE	
	500	c	WAS DECEASED EVER IN U.S. ARME	D FORCES? 166 SOCIAL SECURITY NO. 17 INFO	Annie	ADDRESS	IAST	
	rs. Pages	100	(YES, NO OR UNKNOWN) (IF YES, GIVE WA	AR OR DATES)	DNA RC	555 IIIW	CENTRE	
	rd by the ottending physicia leose remove corbonpopers rial, cremotion, ar removol. or other troumotic event, the		PART I. DEATH LEnter only PART I. DEATH WAS CAUSED E IMMEDIATE Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost.	CI D ANTI- MY ALL	Syn drow	e ser	BAPPEDSMARIE INTERVAL BETWEEN ONSET AND DEATH WIRL WIRL ET al years	
	been signe mit. Then p prior to bur ony injury.	CERTIFICATION	PART 2 OTHER SIGNIFICANT COL	NDITIONS CONTRIBUTING TO DEATH BUT NOT REL		a AUTOPSY? 20b. IF YES	EN IN PART 1(0) , WERE FINDINGS USED YING CAUSES OF DEATH?	
	buriol-fronsit per Mental Hygiene per Arental Hygiene per them 18 shows		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF ETHER, NOTIFY MEDICAL EXAMINER)	216, TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19			NO 🗆	
NOISION AG PHYS	the ond	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	CATION	CITY OR TOWN	COUNTY STATE	
ATTENDIN hospitol or	for us of He 21 is		22a I certify that (I) (this hospital) sow the deceased alive on above, (I) (we) (did) (did not) v	3 - 29 19 80 , and that in	(my) (our) opinian death	a3	ond from the causes stated	
ITAL by the ho	TO FUNERAL DIRECTOR, should be detoched for us with the Stote Dept of He MAPORTANT: If them 21 is		276. SIGNATURE	vorble Cole MD	PHYSICIAN 🛛 DIRE	DICAL STAFF ECTOR PHYSICIAN	3-31.80	
O HOSP	should be de with the Stote	1	Ellswor	th COOR 24	431 Mary	land Ave	Balto. 2/2/8	
702 BP_		L	BURIAL	4-2-80 BAGO NO	AT L COM	LOCATION SUVERTOWN	COUNTY	
	MH-16 20M 15, 4) 7/78	74	UNE LE COW	N AISWRATO	ST MAR 3	1980 PEGISTRAR 156	The state of the s	



	STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE							
	EGISTRAR		NER'S CERTIFICATE OF DE	ATH REG. NO.	4			
	ASED NAME FIRST OR PRINT)	WIDDLE	LAST	26. DATE KNOWN XX MONTH DAY YE.				
	Johr		Hayes, Sr	DEATH MATED 3 30 19 8				
3 SEX ma	le White	MONTH DAY YEAR LAST BIRT	(YEARS IF UNDER 1 YR. IF UNDER 24 HRS HOURS MIN. YRS.	PRONOUNCED 3 30 19 8	30 2d. HOUF			
7a. BIRT	THPLACE (STATE OR IGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUNTY OF DEATH				
1	Baltimone OR TOWN OF DEATH	U.S.A.	Baltimore City	ME				
	timore	11. NAME OF HOSPITAL, NURSING HO	ME, OR OTHER INSTITUTION 12a, US s) Prue	SUAL OCCUPATION (TYPE OF WORK 12b. KIND OF OR INDUSTRIES) ACLEMAN. Red Telegraphic Action (Type of Work 12b. KIND OF OR INDUSTRIES) ACLEMAN.	JSTRY			
USUAL 13a. STA	RESIDENCE HE IN NURSING HOME	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADM		REET ADDRESS	Udd.			
	ryland Bal	timore Baltimo		2040 Derring Avenue				
14. FAT	HER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN NAM	AE MIDDLE LAST				
	James R. Haye		Mary C. Cr	owley				
YES.	AS DECEASED EVER IN U.S. AI	RMED FORCES? 166. SOCIAL SECU		ADDRESS				
L	yes w		Joseph R. H.	ayes 1343 Herkimen St	neet MATE INTERVAL			
ľ	 CAUSE OF DEATH (Enter of PART I DEATH WAS CAUSE 	nly ane couse per line far (a), (b), and (c).) ED BY: Antonio 2201 one	etio condicuosculos	DETWEEN O	MATE INTERVAL			
	11949 IMMEDIA	ATE CAUSE (a) Arteriosclero		disease				
5	Canditions, if any, which							
	gave rise to immediate cause (a) stating the under	e / (b)						
	lying couse lost.	DUE TO, OR AS A CONSEQUENCE	E OF					
	PART 2 OTHER SIGNIFICANT CONDITION	(c)	PANNAL DICEASE OF CONDITION CIVEN IN BART 1					
		CONTRIBUTION TO BEATTH BOT HOT RECATED TO THE T	ENMINAL DISEASE ON CONDITION DIFER IN TAKE 1 10.					
ATIO	90. DATE OF OPERATION	E OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED?			SY?			
FE				YES [NO X			
	EXTERNAL CAUSE WAS	21b. TIME OF INJURY HOUR A.M. MONTH DAY YE	21c. HOW INJURY OCCURRED (ENTE	R NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)				
CAL	UNDERLYING OR CONTRIBUTING CAUSE OF		AK					
LU I	Id. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, FARM, ETC.)	21f. LOCATION STREET	CITY OR TOWN COUNTY	STATE			
2	WHILE NOT WHILE I	Jines, Factori, Farm, etc.)	SINCE	COUNTY	SIAIE			
		ge af the remains described abave, held or	Autopsy , Inspection XX	Inquiry , and in my apinion				
				etermined manner ,				
	TITLE (SPECIFY)							
	ACTUAL DIA	Duale	Assistant	DICAL EXAMINER SIGNED 3/3	80/80			
				DICAL EXAMINER SIGNED				
E	XAMINER'S NAME TYPE OR PRINT)	lormez R Guard, M.	DADDRESS_111 Penn	Street, Balto., MD 212	201			
23a. BUR	RIAL, CREMATION, REMOVAL	23b. DATE 23c. NAME OF C		OCATION Y OR TOWN COUNTY	STATE			
Jore	un 17	1 1	CI		Albur			
	bhrial	4/2/80 Meadon	uridoe Cemeteru 1	Jorsey Howard Mary	Land			
24. FUN	barial NERAL DIRECTOR	4/2/80 Meador		Oursey Howard May 1997 Parker's Signature 1 1980	Land			

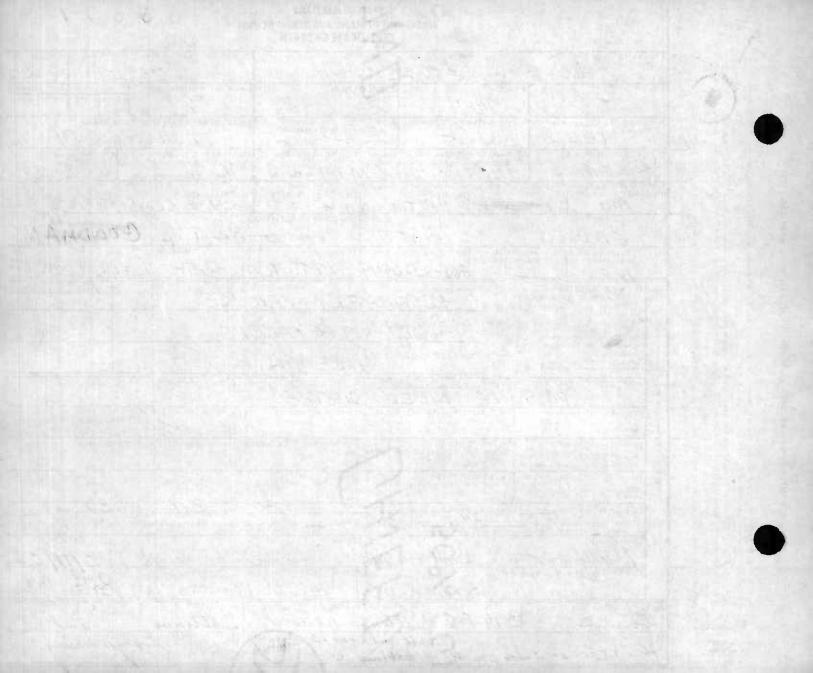
Leading to get the control of the co · · / / · · serve o tres this is a server of المرياد المنافع The state of the s The A value of the second of t 22 (2 mm distance 2 mm distanc enter the contract of the cont



100	11.	FOR STATE		DEPART	MENT OF HEALTH AND		IERRE ()	Ub	0 7	0
M	1	REGISTRAR			CERTIFICATE OF I	HTASC	REG. N	0.		
AA)		CEASED NAME FIRST		AIDDLE	LAST				DAY YEAR	26 HOUR
	(1107		brond		Heath	100		3 0	13 80	12
10	3. SE		1 RACE		S. DATE OF BIRTH		& AGE (IN YEARS LAST BIRT	THDAYJ	IF UNDER I YEAR	IF UNDER 24
s afte		Male	B.	lack	5 12	30	49 yrs	YRS	MONTHS DAYS	HOURS
25 hours	70 BI	RTHPLACE (STATE OR FOREIGN OUNTRY)		WHAT COUNTRY?	MARRIED X NEVER	MARRIED	Balto	C TA	Y OF DEATH	
by the full		Balto	11. NAME OF H	HOSPITAL, NURS IN	NG HOME OR OTHER INST	TITUTION	12e USUAL OCCUPATE (TYPE OF WORK FOR MOST O			OF BUSINES
e# 2	USU	AL RESIDENCE LIF NURSING HO	ME OR OTHER INSTITUTION.	GIVE RESIDENCE BEFOR	RE ADMISSIONI					
should be	130 5	Md 136 C	OUNTY	13c CITY OR TOW	VN 1134 INSIDER		539 W	ilson	St.	Bulto
sho	14. FA	ATHER'S NAME	WIDDLE	LAST	15 MOTHER'S	S MAIDEN NAM	AE MIDDLE		. IA	
3 3 0 0		Richard	R	Heath	7 	mar	1	•	Hiltor	31
3 E		VAS DECEASED EVER IN U.S		166 SOCIAL SECT	URITY NO 17 INFORMA	INI	ADDRE	ESS		
ages		res, no de unknown)	, GIVE WAR OR DATES	217 22	2 9/44 Bever	ly Heatl	n 1628 Wash	ington	n St	
										1744
ghed by the attending please remove carbo ourial, cremation, or jury, or other traum		Conditions, if any, which gave rise to immediate cause to), stating the underlying cause last	h (b)	RASA CONSEOU	ence of		INAL DISEASE OR CON	DITION GIV	O #	ap
bermis Deen signed by operation of the please re ene prior to burial, cr. shows any injury, or the please of the p	TIFICATION	gave rise to immediate cause (a), stating the	DUE TO, OR	RAS A CONSEOU P New DNTRIBUTING TO	ence of) TO THE TERM.	1200 AUTOPSY? YES NO	20b. IF YES	ZEN IN PART I	NGS USED
mistre has been signed by a mistre permit. Then please re Hygiene prior to burial, cr m 18 shows any injury, or	CERTIFICATION	gave rise to immediate to underlying cause lost part 2 OTHER SIGNIFICA IPe DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING	DUE TO, OR (c) 196 CONDITIONS CO	R AS A CONSEOU P NEW ONTRIBUTING TO TION FOR WHICH	PEATH BUT NOT RELATED	OTO THE TERM	200 AUTOPSY?	20b. IF YES	S, WERE FINDIF FYING CAUSES	NGS USED
mistre has been signed by a mistre permit. Then please re Hygiene prior to burial, cr m 18 shows any injury, or		gave rise to immediate cause (a), stating the underlying cause lost PART 2 OTHER SIGNIFICA. 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF STEPPER CAUSE OF STEPPER CONTRIBUTING CAUSE OF STEPPER CONTRIBUTING CAUSE OF STEPPER CAUSE	DUE TO, OR IC) NT CONDITIONS CO 19b CONDITIONS G	R AS A CONSEOU P NEW DITION FOR WHICH FINJURY M. MONTH D	DEATH BUT NOT RELATED OPERATION WAS PERFO	D TO THE TERM DRMED JJURY OCCURR	200 AUTOPSY?	20b. IF YES	S, WERE FINDIF FYING CAUSES	NGS USED
bermis Deen signed by operation of the please re ene prior to burial, cr. shows any injury, or the please of the p	MEDICAL CERTIFICATION	gave rise to immediate cause (a), stating the underlying cause lost PART 2 OTHER SIGNIFICAL LIPE DATE OF OPERATION 21e. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CAUSE	DUE TO, OR CONDITIONS CO 19b. CONDITIONS G	RASA CONSEOU POLL NOTRIBUTING TO TION FOR WHICH FINJURY M. MONTH D	DEATH BUT NOT RELATED H OPERATION WAS PERFO	D TO THE TERM DRMED JJURY OCCURR	200 AUTOPSY?	20b. IF YES IN CERTIF YE RY IN ITEM 18, P	S, WERE FINDIF FYING CAUSES	NGS USED OF DEATH NO
United the market management of the management of the management. Then please repet. of Health and Mental Hygiene prior to burial, criticum 21 is marked or tem 18 shows any injury, or the management of the mana		gave rise to immediate cause (a) stating the underlying cause lost underlying cause lost life to the cause of	DUE TO, OR IC) INT CONDITIONS CO 19b CONDITIONS INT CONDITIONS CO 19b CONDITIONS INT CONDITIONS CO 19b CONDITIONS INT	R AS A CONSEOU P NOW TION FOR WHICH FINJURY M. MONTH D M. DF INJURY BEET, FACTORY, OFFICE. deceased from deceased from deceased from 19	DEATH BUT NOT RELATED H OPERATION WAS PERFO AY YEAR 19 211 LOCATIC STREET DEGREE	DIO THE TERM DRMED JURY OCCURR DN 2, 19 4001) apinion of	200 AUTOPSY? YES NO DED (ENTER NATURE OF INJUIT CITY OR TOV 10 MEDICAL STAL	20b. IF YES IN CERTIFY YE RY IN ITEM 18, P	S, WERE FINDING CAUSES S COUNTY COUNTY	NGS USED OF DEATH NO That (I) (we causes state
UNEXAL DIVENTED UP. A THE UNIS CENTIONED RESIDENT SEGER SIGNED BY UNIVERSELY OF THE		gave rise to immediate cause iot, stating the underlying cause lost underlying cause lost 19e DATE OF OPERATION 21e ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF WHILE AT WORK NOTHEY MEDICAL EXAM 22e. I certify that (I) (this has we the deceased alive above, (I) (we) (did) (di 22b. SIGNATURE 22d. PHYSICIAN'S NAME (T)	DUE TO, OR DUE TO, OR IC) 19b CONDITIONS CC 19b	R AS A CONSEOU P NECE ONTRIBUTING TO TION FOR WHICH FINJURY M. MONTH D OF INJURY BET, FACTORY, OFFICE. deceased fram. 2 19 after death.	DEATH BUT NOT RELATED H OPERATION WAS PERFO AY YEAR 19 211 LOCATIC STREET DEGREE 220 ADDRES	DIO THE TERM DRMED JURY OCCURR ON (our) opinion of cartending physician	200 AUTOPSY? YES NO DED (ENTER NATURE OF INJUIT CITY OR TOV 10 MEDICAL STAL	20b. IF YES IN CERTIFY YE RY IN ITEM 18, P	COUNTY	NGS USED OF DEATH NO STATE That (I) (we causes state
UNEXAL DIVENTED UP. A THE UNIS CENTIONED RESIDENT SEGER SIGNED BY UNIVERSELY OF THE	WEDICAL MEDICAL	gave rise to immediate cause iot, stating the underlying cause lost underlying cause lost 19e DATE OF OPERATION 21e ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF WHILE AT WORK NOTHEY MEDICAL EXAM 22e. I certify that (I) (this has we the deceased alive above, (I) (we) (did) (di 22b. SIGNATURE 22d. PHYSICIAN'S NAME (T)	DUE TO, OR CONDITIONS CO 19b CONDITIONS G	R AS A CONSEOU P NEW DITTION FOR WHICH FINJURY M. MONTH D OF INJURY BET, FACTORY, OFFICE. de deceased from after death.	DEATH BUT NOT RELATED H OPERATION WAS PERFO AY YEAR 19 211 LOCATIC STREET DEGREE 220 ADDRES	DOTO THE TERM DRMED JURY OCCURR ON (our) apinion of ATTENDING PHYSICIAN	200 AUTOPSY? YES NO CONTROL OF INJUING CITY OR TOVE CITY OR TOVE MEDICAL STAIL DIRECTOR PHYSIC	20b. IF YES IN CERTIFY YE RY IN ITEM 18, P	COUNTY	NGS USED OF DEATH NO STATE That (I) (we causes state

U. R. D. O. L. F. L. WORKSCHALL BYELLEUK STATE windered margitule arlan Bucks - ST UNITED IT political property of the state of 217 22 979 First Dominion of Fig. 22 Fig. and don't

5	1	FOR - STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.	
y be		CEASED NAME FIRST LULF	0 77 00 000	7.43
9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	3. SE	F	CAOC 02 13 24 56 YRS.	HR5
death Pe		IRTHPLACE ISTATE OR FOREIGN OUNTRY) TENN.	76. CITYZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. BALTIMORE CITY OR COUNTY OF DEATH WIDOWED DIVORCED BALTIMORE CITY	MD.
201 Drs after by the f filed with		BALTIMORE	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) UNIVERSITY OF MARYLANO 120. USUAL OCCUPATION (TYPEOP WORK FOR MOST OF WORKING LIFE) INDUSTRY AT HOME	OR
AND 2120		AL RESIDENCE (IF NURSING HOME OF STATE 13b. COU	BACTIM. CITY YES BY NO 1024 W. CROSS ST BACTO 2	123
, MARYL ompletely 1 and 2 s		ATHER'S NAME EDWARD	MIDDLE 144ATT PATTERCHA GOLDIA GOODMAN	/
TIMORE Towns T	16a	WAS DECEASED EVER IN U.S. AI YES, NO OR UNKNOWN) (IF YES, GIN	NEWARORDATES) 408-32-6949 PATRICIA HEADY 1024 W. CROSS S	57
RESTON ST., BAL		Conditions, if ony, which	DUE TO, OR AS A CONSEQUENCE OF CHADAL FAILURE OBJECT OF THE OWNER OF THE PAILURE OBJECT OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OW	тн
DS, 201 W. P quires that the signed by the hen please rea to buriel, crem	NO	cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT	DUE TO, OR AS A CONSEQUENCE OF UREMIA (CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
AL RECORDS, he low requi on. thermit Thereine prior to be one any injury.	CERTIFICATION	190. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO	
ON OF VITAL TYSICIAN: The ding physicia is certificate burial-transit Mental Hygie	MEDICAL CER	21g. ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DE	R) P.M. 19	
SISING THE PER SISING	MED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 21f. LOCATION STREET CITY OR TOWN COUNTY STATE	
R ATTENDING hospital or attended for use as the for use as the ppt of Health attended to the morks.		saw the deceased alive or	pital) attended the deceased fram 3/5, 19/00, to 19/00, that (I) (we) on 19/00, and that in (mv) (our) apinian death accurred an the date and hour and fram the causes stated that view the bady after death. DEGREE 1226, DATE SIGNED	last d
0 4 5 5 6 ±		Halls m SW	- Dathon MD ATTENDING MEDICAL STAFF 3/1/18	0
TO HOSPITAL (retained by the TO FUNERAL Ishould be deto with the State Important: if	22	Soan	M. Bathon mp Univer md Hospital Balto Md	
2102BP	-	BURIAL, CREMATION, REMOVAI	3-14-80 Dallemine halines Callinno County Jud STATE	
DHMH - 16 50M 7/77 (VR A 15 (4))	9	uneral director	In Jr. 90 Hallows St.	



1	1	FOR STATE	DEPA	RTMENT OF HE	OF MARYLAND ALTH AND MENTAL H	Leithe ()	066	98
1		REGISTRAR		CERTIFIC	CATE OF DEATH	REG. NO).	THE GALL
100		CEASED NAME FIRST	MIDDLE	LAS	1	20. DATE OF DEATH	AONTH DAY YEAR	26. HOUR
å (AA)	1	SADAR	THIA	HECT	ror	MARCH 2	1980	3:337
ê Calan	3 SE		4 RACE	S DATE OF		6. AGE JIN YEARS LAST RIRTH		
1ge 4	FE	MALE	BLACK	3 MONTH	13 OAY 23	56	YRS.	YS HOURS MIN
P. P.		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNT	RY? 8	NEVER MARRIED	9 BALTIMORE CITY OF	COUNTY OF DEATH	
deau 72 72 1		RTH CAROLINA	us	WIDOWED	_		E CITY	
fter ithin noti	10 C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUI	RSING HOME OF		128 USUAL OCCUPATION	N 126. KIN	D OF BUSINESS
es the again	BA	LTIMORE	JOHNS HOPK		SPTTAL.	DISABLED	WORKING LIFE) INDUST	KI
od Gitt	USU	AL RESIDENCE (IF NURSING HOME O	ROTHER INSTITUTION, GIVE RESIDENCE B	EFORE ADMISSION)				
illed in 24		RYLAND 136 COU	NTY BALTIN		34 INSIDE CITY LIMITS?	1411 EAST	PRESTAN ST	REET
within rely fill should should examine		THER'S NAME	SITE III		S MOTHER'S MAIDEN N		RESTON ST	NLLI
ited v and 2 s s		JAMES	GRAY	,	JÄNIE	MIDDLE	OAKLE	LAST
Com Com	Táp. V	AS DECEASED EVER IN U.S. AL			17 INFORMANT	ADDRE		7
be exposed and Pages	Tr.		217-20-		ROBERT HECT	TOP ADDO CAL	LAWAY AVE.	
					RUBERT TILLT	UK 4000 CAL		ZOVERNA CE ESTE STATE
Tysic apers		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSI	nly one cause per line for (a), Ib ED BY:	ond Icti	1 was a cot-			EN ONSET AND DEA
on purpose and pur			TE CAUSE (o)	irdiac u	irrest			2 hrs
andir n, ou		4292	DUE TO, OR AS A CONSE		1	. (6 h =0
artte artio		Conditions, if any, which	(b)	Haile D	ulmonary a	caema	- 27 - 27 - 27 - 27	6 hrs
the state of the contract of t		gave rise to immediate couse (a), stating the	DUE TO, OR AS A CONSE	QUENCE OF		1.		
d by ase r ial, c		underlying couse lost	1 (c) Artenos	cleratic	Cardievascul	ar disease		
v requir en signe 'hen ple r to bur ny injur	20	- 1	conditions contributing	2 Failer		RMINAL DISEASE OR COND	ITION GIVEN IN PAR	11(0)
s bed int. T	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WH	IICH OPERATION	WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FIN	DINGS USED
HYSICIAN: The physician. is certificate has tall-transit permit fental Hygiene proor teem 18 shows or teem 18 shows	E					YES TI NO X	IN CERTIFYING CAU	NO
NG PHYSICIAN: The riding physician ter this certificate has burial-transit perm and Mental Hygiene arked or Item 18 sho	= =	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		216 HOW INJURY OCCU	JRRED LENTER NATURE OF INJUR		
SIC SIC sysion year transfer t		OR CONTRIBUTING CAUSE OF DE						
PHY ing pt ing pt burial burial d Men ed or	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER 214. INJURY OCCURRED	P.M. 21st PLACE OF INJURY	19	211 LOCATION			
- E - C - C - C	NA NA	WHILE NOT WHILE	LAT HOME, STREET, FACTORY, OFF	FICE, FARM, ETC)	STREET	CITY OR TOW	N COUNTY	STATE
NG ndi ne t anc	< ·	AT WORK LAT WORK					•	
A S S E	1			3 40	. 1	0 2-0		. 0
S A S S S S S S S S S S S S S S S S S S	1	220.1 certify that (1)(this hasp	3.33AM 3-2	80		, .0		0
ATTENDI ital or atte CCTOR: A or use as t of Health m 21 is m		obove (1) we) (did (did n	ortol) ottended the deceosed from 3:33AM 3-2 portion of view the body ofter death.	9 80 , one	that in my (our) opinion	on death occurred on the do	te and hour and from	the couses stated
OH ATTENDI hospital of atte DIRECTOR: A hed for use as t Dept. of Health If Item 21 is m	<	220.1 certify that (1) (this hosp saw the deceased alive or above (1) we) (31d) (did no 27b. SIGNATURE	ortol) oftended the deceosed from 3:33AM 3-2 of view the body ofter deoth.	9 80 one	that in my (our) opinion	on death occurred on the do	te and hour and from	the couses stated
OR ATTENDS hospital or atte DIRECTOR: A hed for use as t Dept. of Health If Item 21 is m		obove (1) we) (did (did n	ital) oftended the deceosed from 3:33AN 3-2 party view the body ofter death.	9 80 one	that in (my) (our) opinion	, .0	te and hour and from	the couses stated
OH ATTENDI hospital of afte DIRECTOR: A hed for use as t Dept. of Health If Item 21 is m		obove (1) we Gidl (did no	OR PRINT)	9 80 one	that in (my) (our) opinion	on death occurred on the do	te and hour and from	the couses stated
bospital of attending the spital of attending the spital of attending the spital of Health If Item 21 is m		obove (I) we) Glidh (did no	Wood	9 80 one	egree ATTENDING PHYSICIAN	on death occurred on the do	te and hour and from	the couses stated
PITAL OFF ATTENDS by the hospital of arte BEAL DIRECTOR: A celebrated for use as I State Dept. of Health ANT: If Item 21 is m	73e.1	274 PHYSICIAN'S NAME (TYPE (SCOLL H.	or) view the body ofter death. Wood OR PRINT) WOOD	9 <u>80</u> , onc	egree ATTENDING PHYSICIAN	MEDICAL STAF DIRECTOR PHYSIC	FAND 3.	the couses stated ATE SIGNED - 2-8 0
OH ATTENDI hospital of atte DIRECTOR: A hed for use as t Dept. of Health If Item 21 is m	73e.1	226 PHYSICIAN'S NAME (TYPE (SCOTT H-	or) view the body ofter death. Wood OR PRINT) WOOD	9 <u>80</u> , onc	ATTENDING PHYSICIAN 22R ADDRESS METERY OR CREMATOR	medical star director physic	FAND 121. D. SPI FAS COUNTY	ATE SIGNED

CONTRACTOR OF THE PROPERTY OF THE PARTY OF T 24/1/7 30.

	- N	1			STATE OF MARYLAND		
2	NE		1 - STATE REGISTRAR	DEP	ARTMENT OF HEALTH AND MENTAL I CERTIFICATE OF DEATH	0 0	6 6 9 9
· N	10th			IRST MICOLE	LAST	REG. NO.	DAY YEAR 2b. HOUR
(30)	y be ge 3 death		(TYPE OR PRINT)	UTH HELEN	N HEIDELBACH	March	6,1980 1240
	man, bo		3 SEX	4 RACE	5 DATE OF BIRTH	6 AGE IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
	ge 4 ecto		Female	White	4-7-1903	76 YRS	MONTHS DAYS HOURS MIN.
	ath. Po eral dir	32	Battinimore,	Md. 76 CITIZEN OF WHAT COUN		9 BALTIMORE CITY OR COUN	
5	offer de y the fun ed withir	a Coline	10 CITY OR TOWN OF DEATH BALTIMORE		URSING HOME OR OTHER INSTITUTION STREET ADDRESS! NURSING HOME	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING HOUSewife	126 KIND OF BUSINESS OR
ND 2120	24 haurs illed in b	36	USUAL RESIDENCE HE NURSING 130 STATE 131	COUNTY 130 CITY OR	BEFORE ADMISSION) TOWN TOWN	? 13e STREET ADDRESS	
YLA	thin thin thin 2 sho	E & S	14 FATHER'S NAME		15 MOTHER'S MAIDEN		
MAR	amplet and 3	\$0	George	Peter Oakj			Ruba
BALTIMORE,	n and c	2 medico	(YES, NO OR UNKNOWN)	U.S. ARMED FORCES? 166 SOCIAL 215-0		4 W. Landale S ert T. Gurley,	
201 W. PRESTON ST., BA	s that the death certificated by the attending physical by the attending physical cremave carban paperical, cremation, or remaya	ar ather traumatic event,	Conditions, if ony, w gave rise to immed couse (a), stating underlying cause	the DUE TO, OR AS A CONS	EQUENCE OF	geneleonis,	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 9 years
	require ten sign t. Then or to bu	y injury,			STO DEATH BUT NOT RELATED TO THE T		
AL RECORDS.	The law ian. has be if permittene pri	Jows on	NO 190 DATE OF OPERATIO	N 196 CONDITION FOR WI	HICH OPERATION WAS PERFORMED		YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO NO
OF VIT	CIAN. 1 g physic ertificate al-trans	em 18 s	. OR CONTRIBUTING CAUS	SE OF DEATH HOUR A.M. MONTH	DAY YEAR	CURRED (ENTER NATURE OF INJURY IN ITEM I	8, PART 1 OR PART 2)
DIVISION OF VIT	PHYSt ttending tr this ce the burn and Mee	ed or It	216 INJURY OCCURRED	21e. PLACE OF INJURY	21f LOCATION	CITY OR TOWN	COUNTY STATE
20	SI ar a Afte use as Health	s mark	220.1 certify that (thi	is haspital) afterded the deceased in	om 25 198	20, to March 6	, 19 80, that (We) last
	ATTE aspirte ECTO d for t. of	m 21	sow the deceased a above, (I) (we) (did)	(and not) view the body after death.	19 Scrond that in (my) (aur) opin	ion death accurred on the date and h	
	Al OR the ho Al DIRE letache ste Dep	T: # #el	Wana	rials h	DEGREE ATTENDING PHYSICIAN	G MEDICAL STAFF	3/8/80
	O HOSPIT. etained by TO FUNER, should be d	MPORTANI	THE PHYSICIAN SNAME	Taniel Tr	220 ADDRESS	200 W. 401	4 Bolt 21211
110	BP	≤	230. BURIAL, CREMATION, REA (SPECIFY) Buri	al 3/10/80	23c. NAME OF CEMETERY OR CREMATOR Parkwood Cemete	ry Baltimore,	Maryland
1	DHMH - 16 60M 1/75		24. FUNERAL DIRECTOR		250.3	DATE BEG'D. BY REGISTRAR 256. REG	STRAR'S SIGNATURE
	(VR A 15 (4))		732	6 Edwardson Ade.	55	MULT T 1380	- Fry / Crody

ing the second of the second o Canada attach contrata della contrata Bentlerich . expendition | retent | decree | Coldings | Aliend

				DEPA	STA RTMENT OF	TE OF A	MARYLAND H AND MENTA	L HYCOEN	EO	^		7 /		
M '		ALE BLACK IRTHPLACE (STATE OR PRICE OF COUNTRY) PRICE OF COUNTRY) Baltimore AL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTE OF COUNTY ATHER'S NAME FIRST WAS DECEASED EVER IN U.S. ARMED FORCE (ES. NO. OR UNKNOWN) WAS DECEASED EVER IN U.S. ARMED FORCE (ES. NO. OR UNKNOWN) WAS DECEASED EVER IN U.S. ARMED FORCE (ES. NO. OR UNKNOWN) WAS DECEASED EVER IN U.S. ARMED FORCE (ES. NO. OR UNKNOWN) WAS DECEASED EVER IN U.S. ARMED FORCE (ES. NO. OR UNKNOWN) WAS DECEASED EVER IN U.S. ARMED FORCE (ES. NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES WAS DECEASED EVER IN U.S. ARMED FORCE (ES. NO. OR UNKNOWN) IMMEDIATE CAUSE OF DEATH (Enter only one cause PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (IV. DUE L'UNION COUNTRIBUTING (IV. DUE 190. DATE OF OPERATION 190. 210. EXTERNAL CAUSE WAS 21b.				CERTIFICATE			REG. NO	0	/ (3 0	1	
		THOUSE I ANTIGE		MIDD	LE	200	LAST		2a. DATE	KNOWN K		DAY	YEAR	2b. HO
L		Hen	ry				ighter	10.00	OF DEATH	MATED	3	3 1	19 80	
3. 5	SEX	4. RACE		E OF BIRTH	6. AGE (IN YE LAST BIRTHE				2c. DATE		MONTH		YEAR	2d HO
			Apri	1 16 191			TOOKS	100	DEAD		3			F
/a.	FORE	IMPLACE (STATE OR IGN COUNTRY)	/b. CII	IZEN OF WHAT C	OUNTRY?		RIED NEVER MA	RRIED U		ORE CITY O	_			
10	CIT		III NA	ME OF HOSPITAL	MILIPSING HOM		WED X DIVO	RCED		altimo				A
1			(IF N	NOT IN SUCH FACILITY, O	GIVE STREET ADDRESS)			FOR M	OST OF WOR	KING LIFE)	OF WORK	OR OR	INDUSTR	Y SINESS
US			E OR OTHER IP		chroeder		eet		-abe	YEN				
	a. ST	TE 13b. COL			CITY OR TOWN		13d. INSIDE CITY LIMITS YES NO	? 13e. STRE	ET ADDRE	S /	1	6+		
 					saltimo	rl	IS. MOTHER'S MA	IDEN NAME	, 101	Jehn	eder	21.		
		FIRST	WIDDLE	4	leraliter	,	FIRST	wind a	M	IDDLE		L	AST	
160	a. W	AS DECEASED EVER IN U.S. A	ARMED FOR	RCES? 16b	SOCIAL SECURIT	Y NO.	17. INFORMANT	104		ADDRESS				
	(TES						Margar	et Le		900 A	Train	1. 1	400	
F	T	8 CAUSE OF DEATH (Enter	anly one co	ouse per line far (a), (b), and (c).)				-		11	APF	PROXIMATE	INTERVAL
		PARTIDEATH WAS CAUS	SED BY:			erot	ic Cardio	vascul	ar Di	sease		BETWI	EEN ONSET	AND DEA
		4292	(0	DUE TO, OR AS A									1	
				(b)										
		cause (o) stating the unde	<	DUE TO, OR AS A	CONSEQUENCE	OF								
				(c)										
2		PART 2 OTHER SIGNIFICANT CONDITIO	NS CONTRIBUT	ING TO OEATH BUT NOT	RELATED TO THE TERA	AINAL DISEAS	SE OR CONDITION GIVEN IN	PART 1 (a).						
- 1	⋛┟	9a. DATE OF OPERATION		19h CONDITION F	OR WHICH OPER	RATION W	VAS PERFORMED?					[20. A]	D. AUTOPSY?	
2 5	1		1999											
CEPTIEICATION	EK.			TIME OF INJU		21c. H	OW INJURY OCCUR	RED (ENTERN	ATURE OF INJ	URY IN ITEM 18 P	ART 1 OR P		13 LJ	NO 🔀
3	AL	INDERLYING OR		HOUR A.M. MOI P.M.	NTH DAY YEAR	R								
3	š li	M INTURY OCCURRED		TIE PLACE OF INJ	URY (AT HOME,		CATION						1.00	
1 2	3	WHILE NOT WHILE AT WORK		STREET, FACTORY, FA	RM, ETC.)		STREET		CITY OR TOV	WN	CC	OUNTY		STATE
	1	The I contify that I took cho	1	amain described	military hald a	A		tian X,	1		41.			
		/ 11	turni couse	1	4	Autop	1.		Inquiry		d in my a	pinian		
	1	100000000000000000000000000000000000000	TOTAL KINGSO	Access Access	1 1/16	icide	, Hamicide		rmined ma	inner [
		CTUAL COM	all	/ Amil	MI	1/10	Assista	nt	CALEVIII	11.150	DATE	3/	/3/80	
		SONATORE	-		100	11	CD COLORED	MEDI	CAL EXAM	INER	SIGN	ED	3,00	
		XAMINER'S NAME VI	rgini	a L. Dol	an, M.D.	U	ADDRESS		11	1 Penr	1 St	reet		
230	a.BUI	IAL, CREMATION, REMOVAL				METERY O	OR CREAT TORY	23d. LO	CATION		200	1477	-	
	(26)	Burill	670	680	Mount (alse	ry Carater	120	Klyn	Anns	Ann	Bet fo	0.06	Id.
24.		VERAL DIRECTOR		ADDRESS			250. DA	E REC'D. BY	REGISTRA		JEAN X	MENTAL	AT Y	
M	ew	ell Funeral Ho	mi .	319 11	Schroede	- St	rect MAL	R 1 0 19	980	0	1		_//	

007300				
	no de l'estre l'		10/65	
.cam shouldfar	X .	Lan. 559		
N3: 30-A	A Patenti	and option of all		
10 14 14 15 16 21		market a		
	A Course	And The		
and appeals on the	Average The			
#10010 P				
	- D			
	a white			
A Property Control	Server I a			
		s.) - 11.	1.5	
			Description of the	

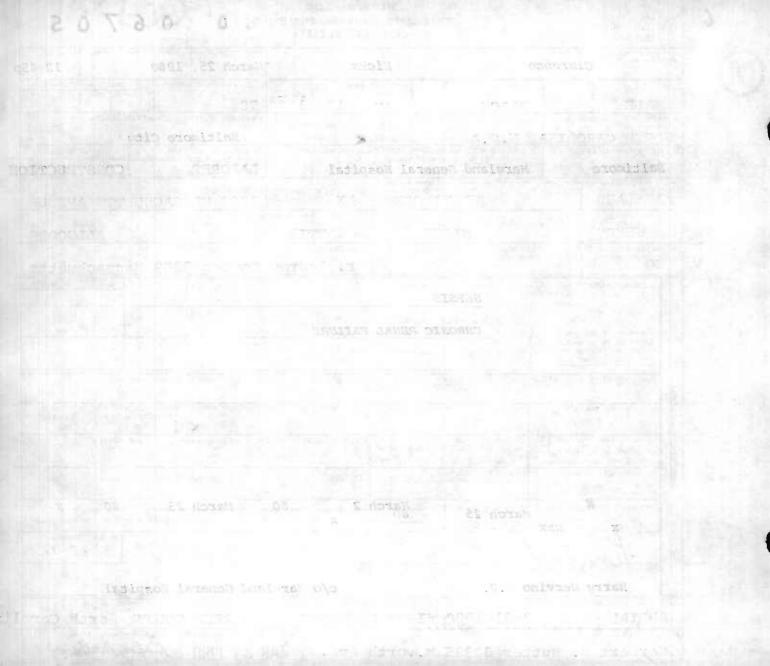
60 0670 1,23 White some 89 LAN FIRMS COLEYE THAT I SEE SEE SEE THE PORT HE PORT TO SEE SEE SEE THE RESERVE THE RE the same of the same the second second second

06702 12 LIW D 0.0 The Sale of Committee of the Committee o

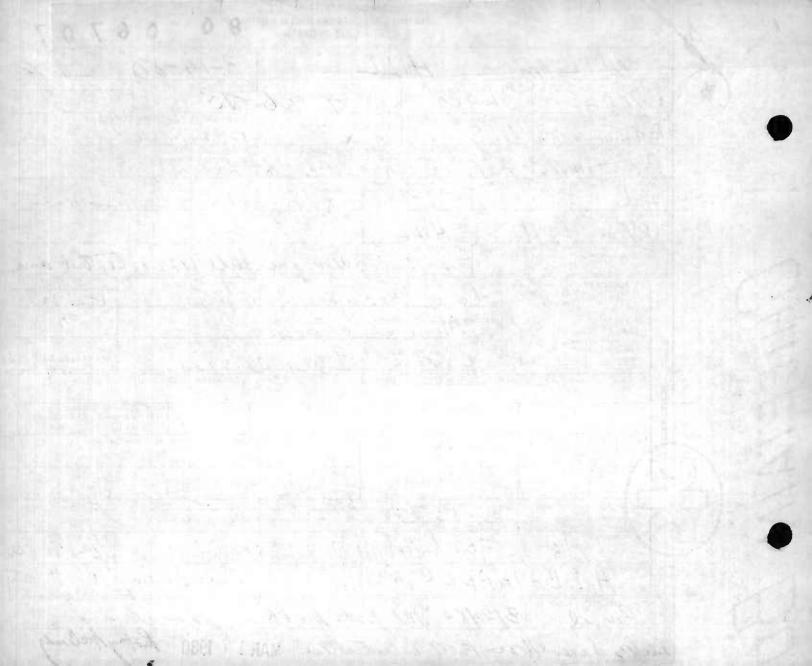
	100	1. FOR								MARYLAI								
1	10		FOR STATE					MENT OF H					3	0	67	0	3	
X			REGISTRAR			MEI	DICAL E	XAMIN	ER'S C	ERTIFIC	CATEC	FDEA	TH	REG. N	10	•		
3	1	1. DE	CEASED NAME	FIF	RST		MIDDLE			LAST			0. DATE	KNOWN [DAY	YEAR	2b. HOUR
/			E OR PRINT)		SIAH		F.		ਸਬ	NRY		ľ	OF	ESTI- MATED	3	18	80	ZB. HOUR
	OR.								20.23				DEATH	MATED (1	, 00	M
	HO HO	A SER		I. RACE	5. D	ONTH DAY	YEAR	6. AGE TIN YEA		IDER I YR.	IF UNDER		c. DATE	1050	MONTH	DAY	YEAR	24 HOUR 2:10
	NECESSARY, PLEASE FUNERAL DIRECTOR. 5 FOR YOUR FILES. WITHIN	ma	le	negro		_	1893	86 YR	Moran	HS DAYS	HOURS	MIN.	PRONOUN	ICED	3	18	, 80	D W
	ASSA Y X	la Bi	RTHPLACE (STA	ATE OR	7b. (CITIZEN OF WH	AT COUNT		R				9. BALTIM	ORE CITY	OR COUN			10 141
		FO M A	RYLAND			U.S.				ED 🖾 NE		IED 🗆			City			
	지문 6		TY OR TOWN C	C DEATH				51110110115	WIDOW		DIVORC				•			MD.
	THE GE	IID. CI			11.	NAME OF HOS	PITAL, NUR Juity, Give St	SING HOME, REET-ADDRESS) -	OR OTH	ER INSTITU	TION	FOR M	OST OF WOR	PATION (TY KING LIFE)	YPE OF WORK	12h KINI OR I	OF BUS	
	DELAY IS NE. 3 TO THE FUN. N PAGE 5 F. 8 FILET. DS, 301		Balti	more		2306	ionter	етто л	erra	ice		JU	DGE	,		BALT		TTY
		USUA	L RESIDENCE (ER INSTITUTION, GIV			N)	to des		1		- 43		47.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.	0	
21201	AND AND RETA HOULE	13a. S	ARYLAN		YTNUO			OR TOWN	7	13d. INSIDE C	NO [13e. STRE	ET ADDRE	SS	. 2 2 -			
	SH SH						DAD.	THOR				1230	o Mo	ntep	ello	Ter	rac	<u>e</u>
AD.	T ~ 4	14. FA	THER'S NAME			DDLE		AST		15. MOTHE	ER'S MAIDE	N NAME	M	IDDIE		LA	ST	
w'	OO CEAN SEE	90	osiah		F	rancis	He	enry	1	Ma	ry		J	ane		Ke	an	
0	Z ORA	16a. V	VAS DECEASED				16b. SOC	AL SECURITY	NO.	17. INFOR	THAN			ADDRES	S	e Tr	err	200
BALTIMORE, MD.	DURS AFTER DEATH B. GIVE PAGES 1, WITH FORM PM T. PAGES 1 AND 3 DIVISION OF WITH		YES	WV	S. GIVE WAR C	OR DATES)	217-	-40-86	597	Mrc	Po	mina	~	Llonw	y 23	OC N	CLI	ace
BAL	PACE OF THE PACE O					1.			771	MIS	· Ne	gina	G.	nenr	y 23		OTIL	
:	JB. JB. VIII.		PART I DEA	TH WAS CA	AUSED BY:	e cause per line	tar (a), (b),	ond (c).) clerot	io o	andio	172 C (1)	Jan d	Ni coa	00		BETWE	EN ONSET	AND DEATH
PRESTON ST	HIN 24 HOU IN ITEM 1B R ALONG V SIT PERMIT. HYGIENE, D	-	110		EDIATE CA	AUSE (a)	CT TO	CTCTO	TC C	ar uru	vascu	mar c	TPCC	00				
010	ZZAFZZ	-	72	72	(DUE TO, OR	AS A CON	SEQUENCE O	F							-		
<u> </u>	D WITHIN PENCIL IN AMINER A TRANSIT ENTAL HY REMOVA			, if any, v		(6.)												
×.	A TRAIN W			tating the u		DUE TO, OR	AS A CONS	EQUENCEO	6			100						
301 \	DTED WITH N PENCIL II EXAMINER IAL-TRANS MENTAL POR REMOV		lying caus	e last.				L d OLITCE O										
	ECUTED WITH 5" IN PENCIL II AL EXAMINER BURIAL-TRANS (ND MENTAL II NO, OR REMOV.				((c)												
DIVISION OF VITAL RECORDS,	X 7 0 4 0	7	PART 2 DINER SIG	NIFICANT CONDI	ITIDNS CONTR	IBUTING TO DEATH B	UT NOT RELAT	ED TO THE TERMI	IAL DISEASE	DR CONDITIO	N GIVEN IN PA	RT 1 (a).						
8	MEDIN MEDIN AS	MEDICAL CERTIFICATION																
2	MORD "PE WORD "PE HE CHIEF BE USED NT OF HE. URIAL, CRE	EA.	19a. DATE OF	OPERATION		196. CONDIT	ION FOR W	HICH OPERA	MINOIT	AS PERFOR	MED?	141				20. AU	TOPSY?	
T Y	S CERTIFICATE SHOURTH WORD THE WORD TO THE CHIESE 3 SHOULD BE US. TO DEPARTMENT OF THE PRIOR TO BURILLY OF THE PRIOR TO BURILL	Ĕ				1										VE	s 🗆	NO X
>	N H BE S	ERI	21a EXTERNAL	CAUSE WA	AS .	21b. TIME OF	INJURY	100	121c HC	OW INJURY	OCCUPPE	D JENTER N	ATURE OF INI	IPY IN ITEM 15	S PART I OR R		3 🗀	140 (23
0	A HE O	Lo	UNDERLYING	OR			MONTH	DAY YEAR			o cconne	D (e			717			
Ō	TIFITOLING	Q O	CONTRIBUTIN		OF DEAT			19										
N N	CERTING TING 3 SH 3 SH DEPA	AED	21d. INJURY O			21e PLACE O	OF INJURY DRY, FARM, ETC	(AT HOME,		CATION			CITY OR TOV	VN	cc	YTAUC		STATE
□	ARD ARD OF POINTE	~	AT WORK	AT WORK									CIII OK IO	***		70111		JINIE
	E, VERW											X						
	EXAMINER CERTIFICATI JLD BE FOI DIRECTOR: WITH THE ARYLAND, 2		226. I certify			the remains desc	ribed abav	e, held an	Autops	Бу □,	Inspection	n A,	Inquiry	L., C.	ınd in my aı	pinian		
	ME BE BE LAN	131	death resulted	fram:	Natural ca	uses X.	Accident	, Suic	ide 🔲,	, Hamic	ide 🔲 :	Undeter	rmined ma	nner	,			
	W WIN			1		(2) -	7			TITLE (S	PECIFY)						- 0	
	A H H		ACTUAL SIGNATURE_	1	MA	XXX	10	-	M	D. Ass	istan	T MEDIC	CAL EXAM	INER	DATE	3	19-80)
	SPEA			13	1		Y						DITE EXTIN		31014			
	W C C C C C C C C C C C C C C C C C C C		EXAMINER'S N	IAME	Ar	nn M. Di	ixon.	M.D.		ADDRESS	1	11 Pe	enn S	t.				
	TO MEDICAL EXAMINER: THIS CE EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3 AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 PRI	22. 51								ADDRESS_								
	- u α ⊢ ∢ ∞	(5	JRIAL, CREMAT	ON,IKEMOV	AL 736. D	AIE	23c. N.	AME OF CEM	ETERY O	RCREMATO	YSC	23d. LOC CITY O			cou		STAT	
17	BP	F	BURIAL		3-	21-198	O Ar	butus	Me	m. Par	rk	BAI	TIM	ORE	COUN	EX MI	ARYI	AND
273.	5 DHMH - 17	24. FL	INERAL DIRECT			ADDRESS					250. DATE F	REC'D. BY	REGISTRA	R 25b	ystray /	HERWAY	17	
7 / -	(VR A15 ME (5)) 15M 7/77		HERBE	RT E.	NUI	TER 30	35 W	. NOF	HT	AVE.	MAR	20	1200		/		/	
	101111111										. 9444 44			1	-			

03/03/00 F WWFF IN 2

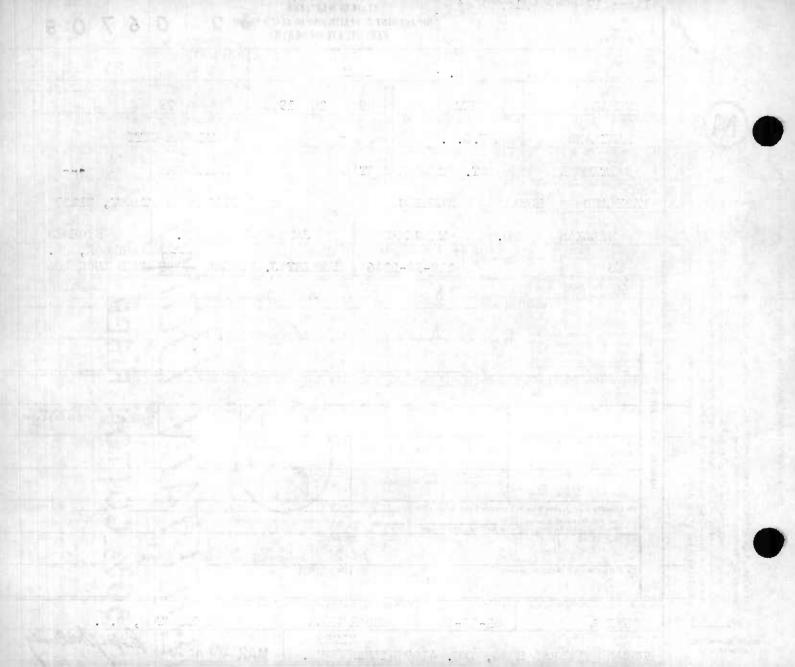
LANCE THE THE PART OF THE PART



0070008 BURNING TO BE STORY OF THE STREET San Control of the Co



A		STATE	The same of the sa	DET AND		ICATE OF DEATH	IYGHNE ()	-			V
-	I DE	REGISTRAR CEASED NAME FIRST		MIDDLE		TCATE OF DEATH	2a. DATE O	REG. NO		DAY YE	AR 2
0.4		OR PRINT) GRACE		к.		LTON	IN. DAIL O		3 2		80
Dod .	3 SE		4 RACE	IX.	5. DATE C		6. AGE (IN Y	EARS LAST BIRTH		IF UNDER I	YEAR I
~		FEMALE	WH	ITE	MONTH 09	20 1900		79		AONTHS	DAYS I
MAN .	70. B	RTHPLACE (STATE OR FOREIGN)		F WHAT COUNTRY?	8		9 BALTIMO	RE CITY OF	100	OF DEAT	TH
144 30	0	MARYLAND	U.:	S.A.	WIDOWE	D NEVER MARRIED		IMORE	CITY		
4	10 C	TY OR TOWN OF DEATH	11. NAME OF		NG HOME C	OR OTHER INSTITUTION	12a USUAL	OCCUPATION OF THE PROPERTY OF	NC	12b KI	ND OF
\$ 對C		BALTIMORE		• AGNES HO		AL		EMAKER		E) INDU	SIRY
the state of	USU.	AL RESIDENCE (IF NURSING HOLE	OTHER INSTITUTION	IN, GIVE RESIDENCE BEFORE	RE ADMISSION)	134 INSIDE CITY LIMITS	? 13e STREET	ADDRESS			
# 33	M	ARYLAND	WARD	ELKRIDGE		YES NO X	5741	MAIN	STREE	T, 2	122
12 160	14. FA	THER'S NAME	MIDDLE	LAST		15 MOTHER'S MAIDEN	NAME	WIDDLE	- 9		. 457
11/150)	WILLIAM	D.	TILGHM		JANE		K.			CHO
Poges medica		VAS DECEASED EVER IN U.S. A (ES, NO OR UNKNOWN) (IF YES, G	RMED FORCES? IVE WAR OR DATES)			17 INFORMANT		4//4	SS SEAB		-
S. Po	_	NO		219-54-3	3346	HARRIET J.	FOWLER	-9799	GOOD		
physici anpaper emaval.		18 CAUSE OF DEATH (Enter) PART I. DEATH WAS CAUS	only one couse pe	er line for 10 , 1b , and	nd ic					BET	PPROXIM. WEEN ON
by the attendin sse remave carb , crematian, or other traumatic		Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, C	OR AS A CONSEQUE	ence of	- infilts	raling	Carc.	rectu	un.	
ed by the please rer rial, crem ar ather	NC	gove rise to immediate couse (0), stating the	(c)			NOT RELATED TO THE TE	erminal DISEAS	Carc.	PRETU	LM).	RT I(o)
gned by the in please rer burial, crem ry, ar ather	CATION	gove rise to immediate couse (a), stating the underlying couse last.	(c)CONDITIONS (CONTRIBUTING TO L	DEATH BUT	NOT RELATED TO THE TE	ERMINAL DISEAS		20b. IF YES	, WERE F	INDINO
has been signed by the treemit. Then please receive ene prior to burid, crem ows any injury, or other	TIFICATION	gove rise to immediate couse 10), stating the underlying couse lost. PART 2 OTHER SIGNIFICAN:	(c)CONDITIONS (CONTRIBUTING TO L	DEATH BUT				20b. IF YES	, WERE F	INDING
Processing the state of the consist permit. Then please received the prior to burial, crem 8 shows any injury, at other	CERTIFICATION	gove rise to immediate couse 101, stating the underlying couse lost. PART 2 OTHER SIGNIFICAN: 190 DATE OF OPERATION 210, ACCIDENT WAS UNDERLYING	(c)	CONTRIBUTING TO I	DEATH BUT		20a AUTO	DPSY?	20b. IF YES IN CERTIF YES	, WERE F YING CA S	INDINC JUSES C
refraction. After the state of		gove rise to immediate couse 101, stating the underlying couse lost. PART 2 OTHER SIGNIFICAN: 190 DATE OF OPERATION 210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF EIFER, NOTIFY MEDICAL EXAMINE	CONDITIONS	CONTRIBUTING TO I	DEATH BUT	216 HOW INJURY OCC	20a AUTO	DPSY?	20b. IF YES IN CERTIF YES	, WERE F YING CA S	INDING JUSES O
ins granding in the state of th	MEDICAL CERTIFICATION	gove rise to immediate couse 101, stating the underlying couse lost. PART 2 OTHER SIGNIFICANT 190 DATE OF OPERATION 210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF LIFE EITHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED	196 CONDITIONS CONDITI	CONTRIBUTING TO I	DEATH BUT H OPERATIO AY YEAR	IN WAS PERFORMED	20a AUTO	DPSY?	20b. IF YES IN CERTIF YES	, WERE F YING CA S	INDING JUSES O
is after this certificate has been signed by the seas the burial-transit permit. Then please revealth and Mental Hygiene prior to burial, crem marked or Item 18 shows any injury, at other		gove rise to immediate couse 101, stating the underlying couse lost. PART 2 OTHER SIGNIFICAN: 190 DATE OF OPERATION 210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF LIFE EITHER, NOTIFY MEDICAL EXAMINE 210, INJURY OCCURRED AT WORK AT WORK AT WORK 220.1 certify that (I) (this has	196 CONDITIONS CONDITI	OF INJURY A,M. MONTH D, P,M. E OF INJURY STREET, FACTORY, OFFICE, F	DEATH BUT OPERATIO AY YEAR 19 FARM, ETC.)	216 HOW INJURY OCC 211. LOCATION STREET	70a AUTO YES URRED (ENTER NA	DPSY? NO TURE OF INJURY CITY OR TOW	20b. IF YES IN CERTIF' YE: Y IN ITEM 18, P/	, WERE F YING CA S	INDING USES O
The After this certificate has been signed by the TOR. After this certificate has been signed by the for use as the burial-transit permit. Then please reconsit Health and Mental Hygiene prior to burial, crem 21 is marked or Item 18 shows any injury, ar ather		gove rise to immediate couse 101, stating the underlying couse lost. PART 2 OTHER SIGNIFICAN: 190 DATE OF OPERATION 210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CIFETHER, NOTIFY MEDICAL EXAMINE AT WORK NOT WHILE AT WORK NOT WHILE AT WORK OF COURED WHILE NOT WHILE AT WORK Sow the deceased alive obove, (If (we) (dig)) (dig)	CONDITIONS C 196 CONE 196 CONE 196 CONE 216 TIME (EATH HOUR A 210 PLACE (AT HOME, S)	OF INJURY A.M. MONTH D.P.M. E OF INJURY STREET, FACTORY, OFFICE, F	AY YEAR 19 FARM, ETC.]	211. LOCATION STREET 219 and that in (my) (aur) apin	70a AUTO YES URRED (ENTER NA	DPSY? NO TURE OF INJURY CITY OR TOW	20b. IF YES IN CERTIF' YE: Y IN ITEM 18, P/	COUNT	RT 2) TY , the
DIRECTOR. After this certificate has been signed by the DIRECTOR. After this certificate has been signed by the sched far use as the burial-transit permit. Then please recognished readth and Mental Hygiene prior to burial, crem frem 21 is marked ar Item 18 shows any injury, ar ather		gove rise to immediate couse 101, stating the underlying couse lost. PART 2 OTHER SIGNIFICAN: 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF LIFE ETHER, NOTIFY MEDICAL EXAMINE AT WORK NOT WHILE AT WORK NOT WHILE SOW the deceased allive to sow the deceased allive to the underlying of the state of t	CONDITIONS C 196 CONE 196 CONE 196 CONE 216 TIME (EATH HOUR A 210 PLACE (AT HOME, S)	OF INJURY A.M. MONTH D.P.M. E OF INJURY STREET, FACTORY, OFFICE, F	AY YEAR 19 FARM, ETC.]	211, HOW INJURY OCC 211, LOCATION STREET 19— and that in (my) (aur) apin DEGREE	20a AUTO YES URRED ENTER NA to to death accurre	DPSY? NO ITURE OF INJURE CITY OR TOW	20b. IF YES IN CERTIF' YES YES IN CERTIF' YES	COUNT	INDING USES O
I DIRECTOR. After this certificate has been signed by the tacked for use as the buriot-transit permit. Then please received for use as the buriot-transit permit. Then please received for use as the buriot-transit permit. Then please received for the buriot, are pleased for them 21 is marked or them 18 shows any injury, an other.		gove rise to immediate couse 101, stating the underlying couse lost. PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF LEFT CHEER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE NOTIFY MEDICAL EXAMINE 22a.1 certify that (II) (this has sow the deceased alive above, (II) (we) (did.) (did.) 22b. SIGNATURE	CONDITIONS C 196 CONE 196 CONE 196 CONE 216 TIME AND F 21e PLACE (AT HOME, S) potal) attended to the control view the bod	OF INJURY A.M. MONTH D.P.M. E OF INJURY STREET, FACTORY, OFFICE, F	AY YEAR 19 FARM, ETC.]	211. LOCATION 211. LOCATION TREET 19 nd that in (my) (aur) apin DEGREE ATTENDING PHYSICIAN	200 AUTO YES URRED (ENTER NA Ton death accurre	DPSY? NO TURE OF INJURY CITY OR TOW	20b. IF YES IN CERTIFYES YES IN THE MIR. P.	COUNT	RT 2) TY , the
by the happing of precious prysican. And DIRECTORS After this certificate has been signed by the edetached for use as the burial-transit permit. Then please received bept, of Health and Mental Hygiene prior to burial, crem. NIT: If them 21 is marked or them 18 shows any injury, an other		gove rise to immediate couse 101, stating the underlying couse lost. PART 2 OTHER SIGNIFICAN: 190 DATE OF OPERATION 210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CIFETHER, NOTIFY MEDICAL EXAMINE AT WORK NOT WHILE AT WORK NOT WHILE AT WORK OF COURED WHILE NOT WHILE AT WORK Sow the deceased alive obove, (If (we) (dig)) (dig)	CONDITIONS C 196 CONE 196 CONE 196 CONE 216 TIME HOUR A R 216 PLACE (AT HOME, S portal) attended to OR PNINT)	OF INJURY A.M. MONTH D.P.M. E OF INJURY STREET, FACTORY, OFFICE, F	AY YEAR 19 FARM, ETC.]	216 HOW INJURY OCC 211. LOCATION STREET , 19 nd that in (my) (aur) apin DEGREE	200 AUTO YES URRED (ENTER NA Ton death accurre	OPSY? NO CITY OR TOW	20b. IF YES IN CERTIF YES YIN ITEM 18. PA	COUNT	RT 2) TY , the
TO FUNE RAIL DIRECTOR. After this centificate has been signed by the TO FUNE RAIL DIRECTOR. After this centificate has been signed by decached far use as the buriod-transit permit. Then please reswith the State Dept. of Health and Mental Hygiene prior to buriod, creminary Dept. of Health and Mental Hygiene prior to buriod, creminary Dept. of Hem 21 is marked or Item 18 shows any injury, at other	WEDICAL WEDICAL	gove rise to immediate couse 101, stating the underlying couse lost. PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF LEFT CHEER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE NOTIFY MEDICAL EXAMINE 22a.1 certify that (II) (this has sow the deceased alive above, (II) (we) (did.) (did.) 22b. SIGNATURE	CONDITIONS C 19b CONE 19b CONE 21b TIME HOUR A R 21e PLACE (AT HOME, S ont) view the bod OR PNNT) OR PNNT) OR PNNT) AL 23b. DATE	OF INJURY A.M. MONTH D. P.M. E OF INJURY STREET, FACTORY, OFFICE, F The deceased from 19 1y ofter death.	DEATH BUT H OPERATIO AY YEAR 19 FARM, ETC.]	211. LOCATION 211. LOCATION 211. LOCATION 212. ATTENDING 222. ADDRESS 3. EMETERY OR CREMATOR	20a AUTO YES URRED (ENTER NA Ton death accurre MEDICAL DIRECTOR 23d. LOCA CONTO	CITY OR TOW STAF PHYSIC ATION RITOWN	20b. IF YES IN CERTIF YES IN STEM 18. PA te and hause	COUNTY	RT 2) TY , the
by the happing of precious prysican. And DIRECTORS After this certificate has been signed by the edetached for use as the burial-transit permit. Then please recognitions of the all hand Mental Hygiene prior to burial, crem. ANT: If them 21 is marked or them 18 shows any injury, an other	WEDICAL .	gove rise to immediate couse 101, softing the underlying couse lost. PART 2 OTHER SIGNIFICAN' 190 DATE OF OPERATION 210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF LIFE ETHER, NOTIFY MEDICAL EXAMINATION COURRED WHILE NOT WHILE AT WORK 220.1 certify that (1) (this has sow the deceased alive above, (1) (we) (did.) (did.) 221. SIGNATURE 222. SIGNATURE 3URIAL, CREMATION, REMOVE	CONDITIONS C 19b CONE 19b CONE 21b TIME HOUR A R 21e PLACE (AT HOME, S ont) view the bod OR PNNT) OR PNNT) OR PNNT) AL 23b. DATE	OF INJURY A.M. MONTH D P.M. E OF INJURY STREET, FACTORY, OFFICE, F the deceased fram ly ofter death.	AY YEAR 19 FARM, ETC.) NAME OF C CEDA	211. LOCATION 211. LOCATION 211. LOCATION 212. ATTENDING 212. ATTENDING 213. ATTENDING 214. ADDRESS 215. EMETERY OR CREMATOR R HILL	20a AUTO YES URRED (ENTER NA Ton death accurre MEDICAL DIRECTOR 23d. LOCA CONTO	CITY OR TOW CITY OR TOW CHAPTER OF INJURY CHAPTER OF INJURY	20b. IF YES IN CERTIF YES TO SITE M 18. PA TE and have TE and have TON, I	COUNTY	TY the the co



ADDRESS

Balto., Md.

FOR

REGISTRAR

Removal

Anatomy Board

24. FUNERAL DIRECTOR

DHMH - 16 50M 7/77

(VR A 15 (4))

- STATE

STATE OF MARYLAND

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIEN

REG. NO

2h HOUR

HOURS

126. KIND OF BUSINESS OR

APPROXIMATE INTERVAL ETWEEN ONSET AND DEATH

NO [

STATE

, that (I) (we) lost

STATE

22c. DATE SIGNED

CICA

Gov't

IF UNDER 24 HRS

IF UNDER 1 YEAR

INDUSTRY

Shilling

YES [

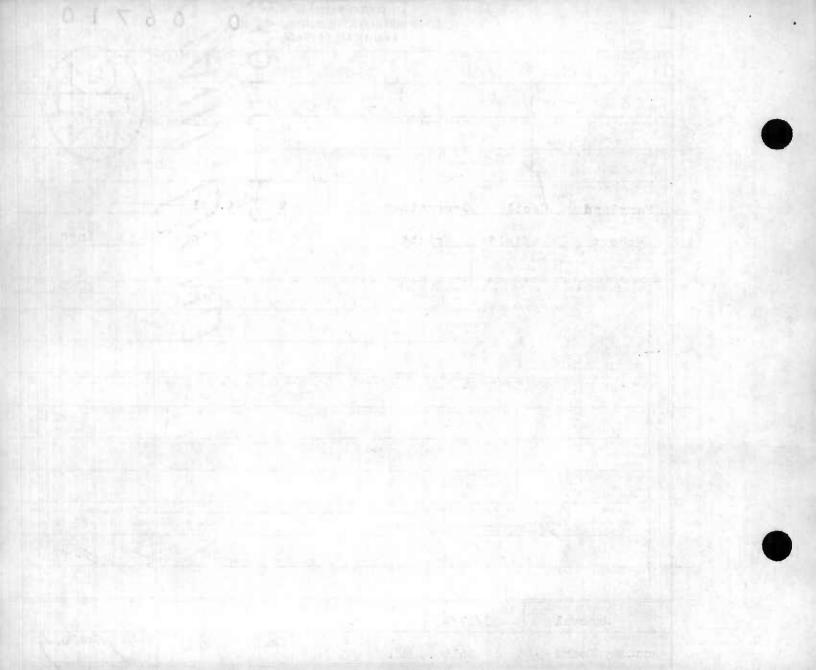
COUNTY

COUNTY

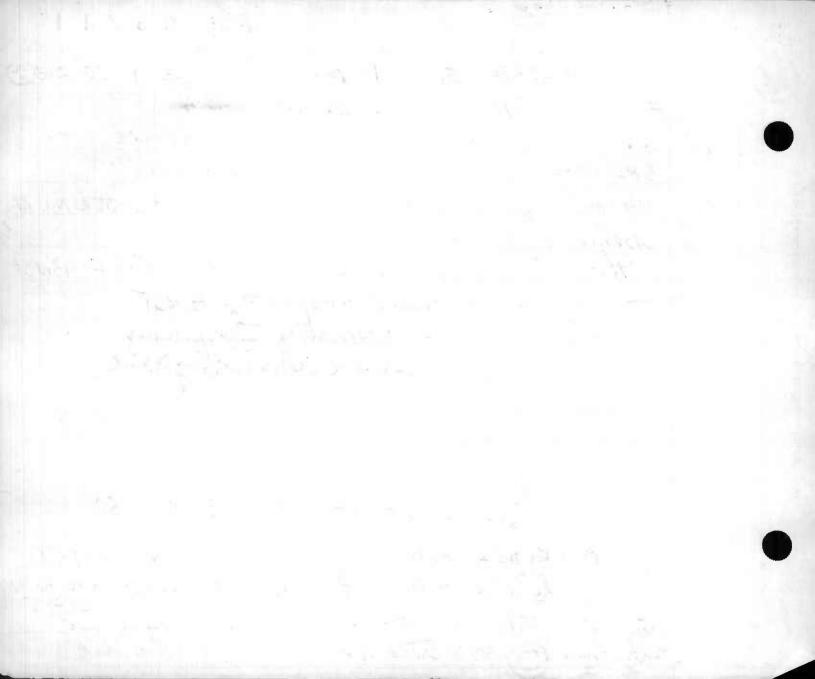
250. DATE REC'D. BY REGISTRAR 251 REGISTRAR'S SIGNATURE

DAYS

				100000
		1 945		
	Sale I			
			Selem Jaco	-07.
			.60 [58]	
Total March			meliant	
				The state of the s



3	1	tem 7a g541 3/21, FOR STATE REGISTRAR	/80 gj	STATE OF MARYLAND MENT OF HEALTH AND MENT CERTIFICATE OF DEAT	H	0 6	71	1
Age of the order	(TYP	CEASED NAME FRIST MILLS	RED E	HINES	2a. DATE OF DE	39	80	203 W
octor, p	3 SE	×	RACE	5. DATE OF BIRTH	AGE INVEARS			HOURS MIN
r deam. Po	7a. B	RTHPLACE (STATE OR FOREIGN OUNTRY)	CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARR	IED L.	ALTIMOK		TY MD
s ofter de by the fur illed within notified of	10. C	BALTIMORE 11	NAME OF HOSPITAL, NURSING INF NOT IN SUCH FACILITY, GIVE STREET SINGLE	NG HOME OR OTHER INSTITUTI	IZE USUAL OCC			BUSINESS OR
LAND 2120	USU 130.	AL RESIDENCE (# NURSING HOME OR OTH STATE 136 COUNTY	HER INSTITUTION, GIVE RESIDENCE BEFOR	E ADMISSION)	MITS? 13s. STREET ADD	DESC A	CIERS	570w ld
MARYLAI ed within mpletely f ond 2 sho	14. F.	ATHER'S NAME		15. MOTHER'S MAI	DEN NAME	DOLE Les	LAST	700 4
TIMORE, A	160	WAS DECEASED EVER IN U.S. ARME YES, NO OR UNKNOWN) (# YES, GIVE WA	DEORCE 166 SOCIAL SECTION OF DATES	S735 FOH	11 1	ADDRESS 5	OE.	43ml St
RDS, 201 W. PRESTON ST., BAL equires that the death certificate is signed by the attending physica Then please remove colonopoper to burial, cremotion, ar removal. injury, or other traumotic event, th	NO	Conditions If any, which gave rise to immediate course to storing the underlying course last. PART 2 OTHER SIGNIFICANT COM-	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c)	Chrane a	Tugul HE TERMINAL DISEASE OR	LOUID X	N PART I(o)	
RECOI	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY	IN CERTIFY	WERE FINDING NG CAUSES OF	S USED OF DEATH?
ON OF VITA HYSICIAN: The ding physicic of the buriol-tronsit Mental Hygie or frem 18 she		21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH D	AY YEAR	OCCURRED (ENTER NATURE			
DIVISION OF VITAL DING PHYSICIAN: The or ottending physician After this certificate of the buriol-tronsing of the ond Membil Hygier morked or frem 18 show	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e, PLACE OF INJURY (ATHOME, STREET, FACTORY, OFFICE,	21f LOCATION	CITY	ORTOWN	COUNTY	STATE
TTENDI pital or TOR. A for use of Heal		220 I certify that (I) (this hospital) saw the deceased alive on above, (I) (we) (did) (did nat) v	3/9 19	ond that in [my] (aur)	opinion death occurred an	the date and hour o	_	at (1) (we) last
0 8 0 80 =		276 SIGNATURE R, REI	DER HI	DEGREE ATTEN	IDING MEDICAL	STAFF PHYSICIAN	3-9	-RO
HOSPI ined b FUNE wid be hithe S		22d. PHYSICIAN'S NAME (TYPE OR PR	IOER M. L	22e ADDRESS	edere at	Geers	hing A	Ve-Bailby
0 € 0 € 5 €	23a			NAME OF CEMETERY OR CREM		21 Course	tes ne	STATE
DHMH-16 20M [VRA 15, 4] 7/78	24. F	UNERAL DIRECTOR NAME OCHO FRIMERAL HO	1304 1 ADDRESS	trid ap	250. DATE REC'D. BY REGIS MAR 1 1 198	TRAR 256. REGISTRA	AR'S SIGNATUR	tE worky



DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO 20 DATE OF DEATH 2b. HOUR 7:15p 80 3 6 HINTON JOSEPH 6 AGE (IN YEARS LAST BIRTHDAY) 4. RACE S DATE OF BIRTH YEAR 98 MONTH HOURS 04 81 WHITE TO CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH NEVER MARRIED MARRIED U.S.A. Baltimore WIDOWED 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12g USUAL OCCUPATION 12b. KIND OF BUSINESS OR VAMCUCBALTIMORE MARYLAND 21218 Hetirea steam end incer SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13e STREET ADDRESS HOWARD 131 COTSTMBYA 10596 B2 TWIN RIVERS ROAD IS MOTHER'S MAIDEN NAME LAST late Mollie Wall Hinton 17 INFORMANT ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO Mrs Soyce Hinton 10596 Twinn Rivers Road (IF YES, GIVE WAR OR DATES) 063 12 9086

	one couse per line for (a), (b), and (c) Y: CARDIOPULM (ONARY ARR	EST	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Conditions, if ony, which gove rise to immediate	DUE TO, OR AS A CONSEQUENCE OF		WOOMONASP	WEUMON A
couse 101, stating the underlying couse lost	DUE TO, OR AS A CONSEQUENCE OF			
PART 2. OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN PART 110
CHRONIC UR	NARY TRACT IN	FECTION		
190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION		200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJU	RY IN ITEM 18, PART 1 OR PART 2)
21d INJURY OCCURRED	21e PLACE OF INJURY	211 LOCATION		

220.1 certify that X (this hospital) attended the deceased from, sow the deceased alive on MAKUH 0
above, A (we) (did) (did be) view the body after death

DEGREE ATTENDING

(our) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED STAFF

COUNTY

22d PHYSICIAN'S NAME (TYPE OF PRINT)

NOT WHILE

PHYSICIAN DIRECTOR PHYSICIAN

ADMINISTRATION MEDICAL CENTER

TUHN WEIGEL

23c. NAME OF CEMETERY OR CREMATORY

Md. Veterans Cem

OCHRAVEN BOULE VARD-BALTIMORE - 21218 Cheltenham Maryland

CITY OR TOWN

STATE

BP. 24 FUNERAL DIRECTOR DHMH - 16 60M 1/75

CERTIFICATION

MEDICAL

or Item

0

(VRA 15 (41)

(SPECHBurial

23a. BURIAL, CREMATION, REMOVAL

STATE

REGISTRAR

DECEASED NAME

MALE

7g. BIRTHPLACE ISTATE OR FOREIGN

CLAYTON N. C.

late Thaddeus

THE NO OR UNKNOWN)

IO. CITY OR TOWN OF DEATH

BALTIMORE

MARYLAND

14 FATHER'S NAME

TYPE OR PRINT

Harry H. Witzke 4112 Columbianoad llicott ity

March 10'80

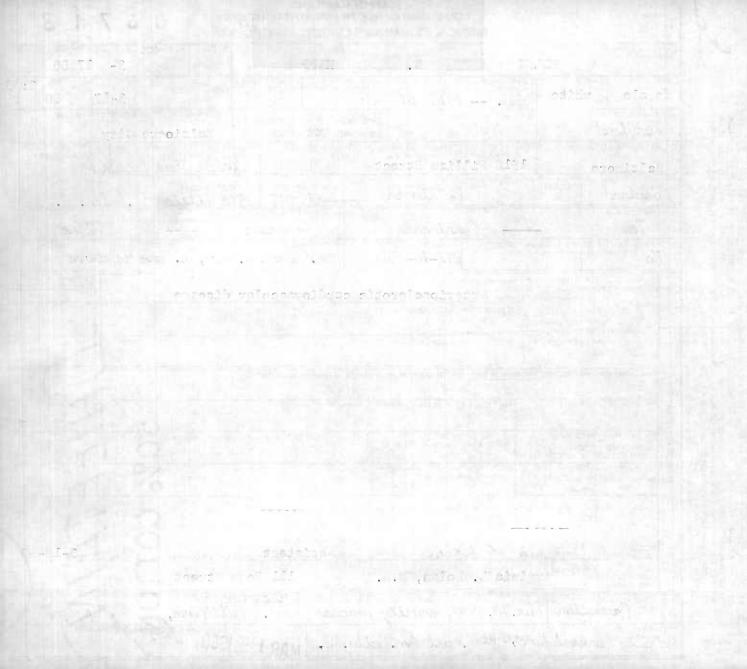
(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

1980

MEDICAL

250. DATE REC'D. BY REGISTRAR 256 GIT RAR'S TO LIVE

			STEEL STEEL			91,201	
	18	10 00 11		ar in		75	MAT.
3/1.				1.71.0		.o .n wo	F (35)
	ansta bentail		, 20K	E I.TX	DEV		
	TOPS HE T		Sanza				mara.
		an ent					
atrick in	ar of the north	Borgov art	esoc ci	500			
	0 10101				SEAL S	8	
						X X	

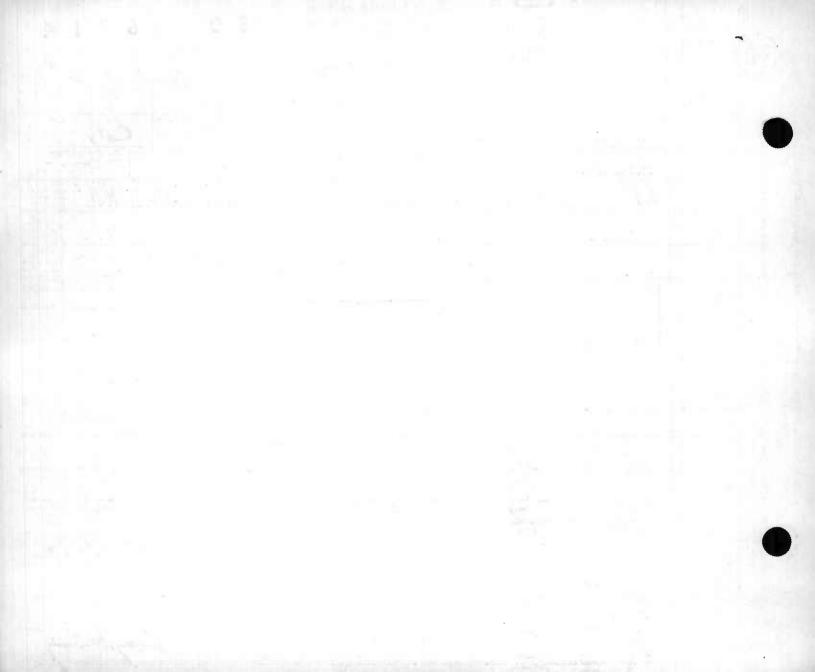


- STATE

(VRA 15, 4) 7/7B

6010 REISTERSTOWN RD

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

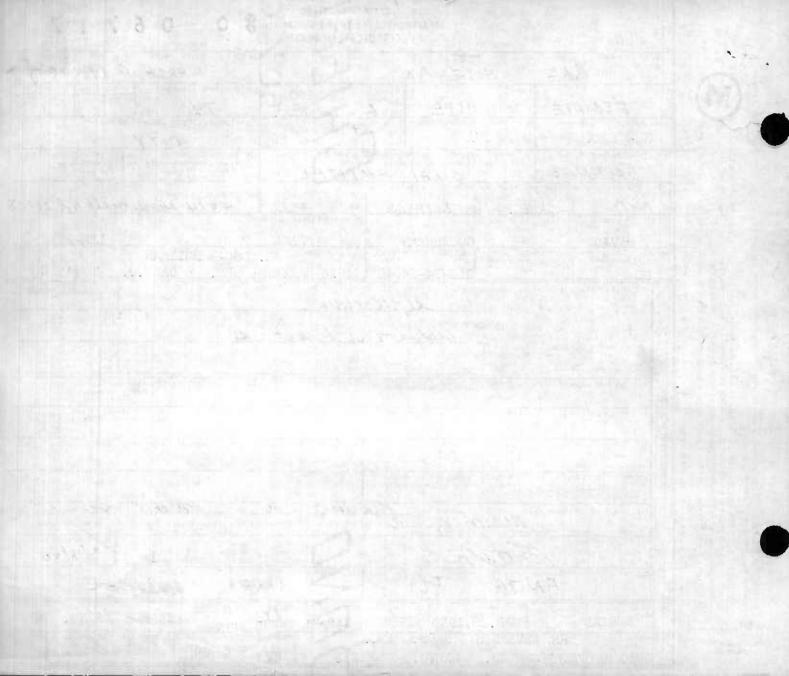


1101

STORY THE MANAGEMENT OF THE STORY Contract to the second of the The white the same of the same

DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME O. DATE KNOWN TE MONTH 7h HOUR (TYPE OR PRINT) OF ESTI-Samuel FUNERAL DIRECTOR.
5 FOR YOUR FILES.
D, WITHIN 72 HOURS
W, PRESTON STREET, LESTER HOLTZ 3 100 80 3. SEX 4. RACE 6. AGE (IN YEARS | IF UNDER 1 YR IF UNDER 24 HRS YEAR 2021030 DATE LAST BIRTHDAY) PRONOUNCED ma 1 m white 22 YRS DEAD 3 1019 80 7a BIRTHPLACE b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED TO NEVER MARRIED Baltimore City aucasian WIDOWED DIVORCED 301 W. IB CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12g. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Baltimore University Hospital S.T.U. Driven onstruction USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a STATE COUNTY 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Pasadena 7615 Patapsco View Rd. 21122 Inne Arunde WITH FORM PM 3.
IT. PAGES 1 AND 2 SH 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE enkins Margaret (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Holtz Same as 13 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). APPROXIMATE INTERVAL PART I DEATH WAS CAUSED BY BETWEEN ONSET AND DEATH MENTAL HYGIENE, IMMEDIATE CAUSE (a) Cranio-cerebral injuries DUE TO, OR AS A CONSEQUENCE OF OR REMOVAL. Canditians, if any, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. AND PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE DR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? E 3 SHOULD BE USI E DEPARTMENT OF PRIOR TO BURIAL, (90 YES X NO 216. TIME OF INJURY HOUR A.M. MONTH DAY 210. EXTERNAL CAUSE WAS UNDERLYING OR 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) **\80** driver of motorcycle/pick up truck collision MEDICAL CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, 21f. LOCATION AT WORK NOT WHILE street, Factory, FARM, ETC.) Ft. Smallwood Rd. 1200 Anne Arundel Co. Md. 22a. I certify that I taak charge af the remains described above, held an Autapsy and in my apinion Accident X death resulted fram: Natural causes Suicide Hamicide Undetermined monner TITLE (SPECIFY) ACTUAL EXECUTE THE C EXECUTE THE C PAGE 4 SHOU TO FUNERAL D AFTER DEATH, Y BALTIMORE, MA DATE M.D. Assistant MEDICAL EXAMINER 3-11-80 Margarita A. Korell, M.D. EXAMINER'S NAME 111 Penn Street (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23d. LOCATION
CAY OR TOWN
GLEN BURNIE STATE BP. Anne Agunda 24. FUNERAL DIRECTOR Cully F. H. Mountain & Tick Pasadena. **DHMH-17** (VR A15 ME (5)) 15M 7/77

telli solessi sukur i mit mer sukumberus su office of the contract of the with the second of the second The state of the s Letter the second the second to the second t e de la companya de l The contraction of the contracti And the Control of th



Balto ..

05 York Road

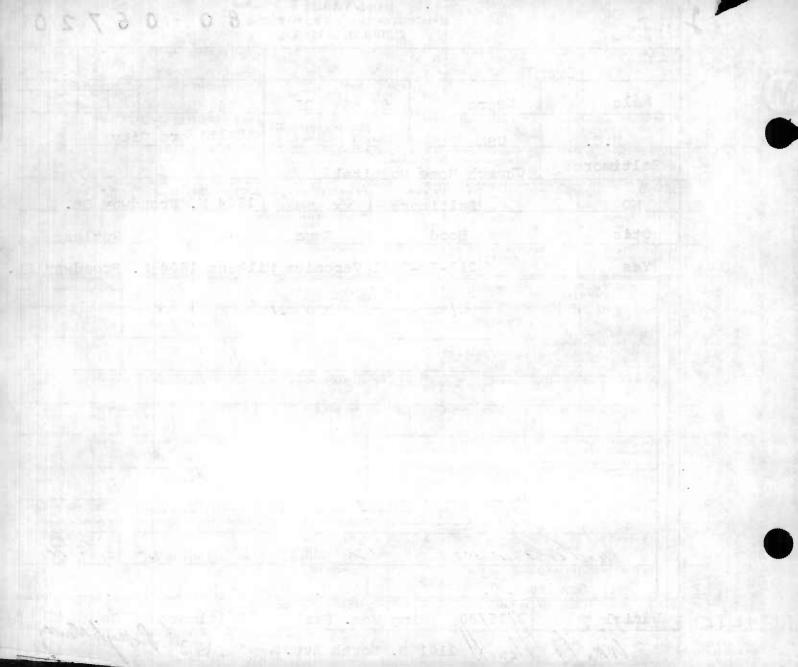
(VR A 15 (4)) 9/74

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 🚖

	- NE	100	MITTER HEAD	
white enemistrate				
that are reserved us	Est ac		esto de Labe	
where weather of the		control .	Smales and	
atmedia.	alread 1	Pinh	orini 3	
	AND STATE			

2	1	FOR - STATE REGISTRAR		DEPARTM	ENT OF H	OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH		06	719
(MA)		CEASED NAME FIRST	MIOOLE		ı	AST	REG. NO 2a. DATE OF DEATH		YEAR 26 HOUR
1141	{TYF	EOR PRINT) Leo	P.		Homl	perg		3 25 1	980
0 00	3 SI		4 RACE		5. DATE C	FBIRTH	6 AGE (IN YEARS LAST BIRT		DER I YEAR IF UNDER 24 HRS
ge 4		Male	Cauc.		12	11 1914	65	YRS.	DAYS HOURS MIN.
Po Po		IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT	COUNTRY?	8	NEVER MARRIED	9 BALTIMORE CITY O		EATH
deoth deoth		Md.	U.S.A.		WIDOWE		Baltimore	e City	MD
s ofter d	10. 0	ITY OR TOWN OF DEATH	(IF NOT IN SUCH FACIL	ITY, GIVE STREET A	DDRESS)	ROTHER INSTITUTION	12a USUAL OCCUPATI	ON 12b	B. KIND OF BUSINESS OR DUSTRY
201	- Char	altimore	Baltimo			osp.	Electric	an	
DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., BALTIMORE, MARYLAND 2120 NG PHYSICIAN. The low requires that the death certificate be executed within 24 hours ottending physician. Her this certificate has been signed by the ottending physician and completely filled in bas the buriol-transit permit. Then please remove corban papers. Pages 1 and 2 should be fill the and Mental Hygiene prior to buriol, cremation, or removal.	130	AL RESIDENCE (IF NURSING HOME OF STATE 136 COU	INTY 13c C	ESIDENCE BEFORE LITY OR TOWN Ltimor	4	13d INSIDE CITY LIMITS?	13e STREET ADDRESS 113 N. Be	alnord	Ave
ryLA	14 F	ATHER'S NAME				15 MOTHER'S MAIDEN NAM		, Ellor a	11,00
Dog Told		Robert	MIDDLE	Homber	co	Marv	WIDOLE	Stoc	last leman
E, N	160	WAS DECEASED EVER IN U.S. A		OCIAL SECUR		17. INFORMANT	ADDRE		Ville III
MORE.		YES, NO OR UNKNOWN) (IF YES, GIV	VE WAR OR OATES)	2-05-2	2070	Ida Hombers	~ 112 N	balnond	A320
e be cion cion cion libe n	-					Tua Montoers	2 11) 110		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
tificat physi npap mova vent,		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	ED BY:	V 0 5 5	10	mo 0/751			She have
N S or cer		11.29	DUE TO, OR AS	Jeorice	uer or	VII			
STO then then then to on,		Conditions, if ony, which	DUE TO, OR AS	in Cin	-	al (m)		/	The year
he of		gove rise to immediate couse (a), stating the	(6)	CONTRACTOR	165.05				8
W. by t		underlying couse last.	DUE TO, OR AS A	CONSEQUE	NCE OF				
30 les til		PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRI	BUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONT	DITION GIVEN IN	PART I(o)
RDS, aquir sign Then ta b	S								
beer mit.	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION	FOR WHICH C	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WER	E FINDINGS USED
hos hos ows	E						YES T NOT	YES T	CAUSES OF DEATH?
ON OF VITAL R TYSICIAN. The I ding physicion. S certificate has ouriol-tronsit per Mental Hygiene fr Item 18 shows	E E	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJU	JRY		21c. HOW INJURY OCCURR		_	
SICIAN ng phy certific certific priol-tru		OR CONTRIBUTING CAUSE OF OF		MONTH DA	Y YEAR				
PHYSIC ending this cert to buriol ad Mented or Item	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF IN	JURY		211 LOCATION			
VISI OF Ph of the ond ked (X	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FA	CTORY, OFFICE, FA	RM, ETC.)	STREET	CITY OR TOW	N COI	UNTY STATE
DING P or other After 1 se as the olth one		220.1 certify that (I) (this hosp	uital) attended the dece	ensed from		19.77	· 3	10.8	hat (I) (we) lost
spitol CTOR: of Hor us		sow the deceased alive or		1/9 8	10	d that in (my) (our) apinion o	leath accurred on the do		
hosp RECT ed fi em 2		22b. SIGNATURE	ot) view the body ofter	deot		DEGREE			TE DATE SIGNED
tach tach		() h	11 N	1	MI	ATTENDING	MEDICAL STAF	F	3/22/02
PITA by by ERA Stat	+	224. PHYSICIAN'S NAME (TYPE	OR PRINT!	/	1801	22e. ADDRESS	DIRECTOR PHYSIC	IAN	1/21/00
O HOSPITAL O HOSPITAL TO FUNERAL should be det with the State							-1410-15	0.15	
TO HOSPITA retoined by TO FUNERA should be de with the Stati	- 02	D. MACD		100			HLAND	HVE.	
1 - 5	230.	BURIAL, CREMATION, REMOVA				METERY OR CREMATORY	23d. LOCATION CITY OR TOWN	LOUNT	
60 JBP	24 5	Burial	3/28/80	6 a1	rdens	of Faith	DECID BY DECIETATE	Baltin	more Md.
DHMH · 16 60M 7/73 (VR A 15 (4))	24.1	NAME		AOORESS		75a. DAJE	REC'D, BY REGISTRAR	DE REGISTRAR'S	y / Kelready
(17 7 13 (4))	B	. Dabrowski &	6 Son 281	8 E.]	Balt	imore St. "	o T 1200	. /	

Commercial states and the Commercial Commerc Mindel Color The first state of the S

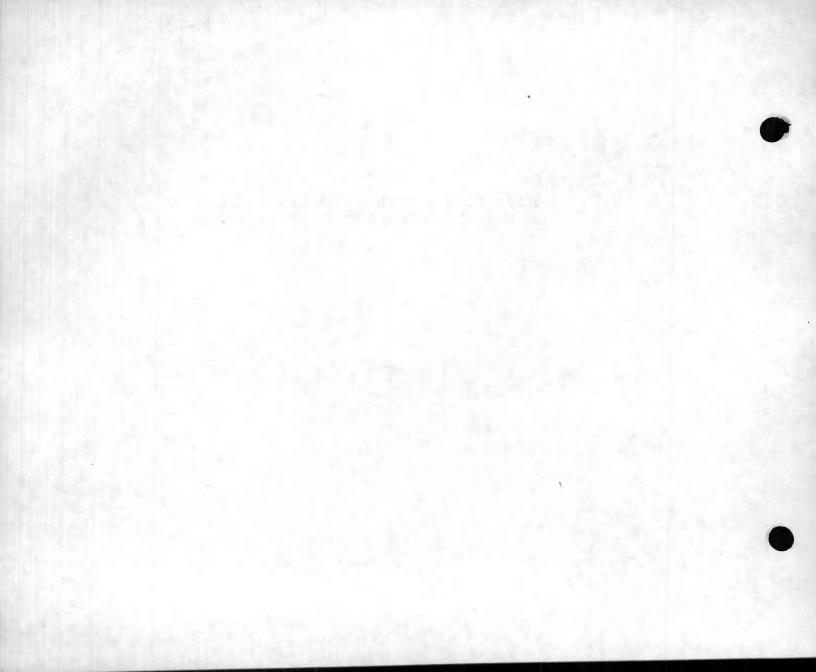


7						E OF MARTLAND	- Was		0 1
3	1.	FOR STATE REGISTRAR		DEPART		HEALTH AND MENTAL HYG FICATE OF DEATH	REG. NO.	6/	2 1
		CEASED NAME FIRST		WIDDLE		LAST	26. DATE OF DEATH MONT	H DAY YEAR	25. HOUR
nay be page 3	,,,,,,		PULINL	= 1400	PER		MAR. 3	11980	10:35 M
may pag	3. SE		4 RACE		5. DATE	OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)		
age 4 m rector, p rs after once.		male	Bla	ick	*3	" 16 36"	49	MONTHS DAYS	HOURS MIN
The hour in.	0	IRTHPLACE (STATE OR FOREIGN		WHAT COUNTRY	? 8. MAPPH	D NEVER MARRIED	9. BALTIMORE CITY OR CO	UNTY OF DEATH	
n 72	N	orth Carolin		S.A.	WIDOW	ED DIVORCED	BALTIMO	ee Ca	THE MD.
S within		Saltimore	11. NAME OF	CH FACILITY GIVE STREE	T ADDRESS!	DROTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WOR HOUSEWIF	KING LIFE! INDUSTRY	SUSINESS OR
hour hour filled filled	USU	AL RESIDENCE DENURSING HOME	OR OTHER INSTITUTIO		RE ADMISSION	7001-1175			
NND 2	130	ryland 136 COL	UNTY	Baltim	WN	134 INSIDE CITY LIMITS?	1624 N. Mi	ton Ave	nue
d werely 27shoo	14. F/	ATHER'S NAME	11000			15. MOTHER'S MAIDEN NA	ME		
Comple comple nedical		William	WIDDIE	/hitfiel	.d	Mabel	MIDDLE	Whitfi	eld
MORE,	160	VAS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SEC	URITY NO	17 INFORMANT	ADDRESS		
		YES, NO OR UNKNOWN] (IF YES, G				Rudolph Hoo	per same a	as above	
BALTI frigate ysicial over: event,		18 CAUSE OF DEATH (Enter of	anly ane cause pe	er line far (all (b), a	nd (c).)	. A-1	1 //	APPRO	XIMATE INTERVAL
P. errt Partic tic		PART I. DEATH WAS CAUS	SED BY. ATE CAUSE (a)	1 4	Cours	ma notartute	: tolliver	2	
FON ST., ending ph carbon pa n, or rem traumatic		1991 IMMEDI				7,4,4			
STO		Canditians, if any, which	DUE TO, O	DR AS A CONSEQU	JENCE OF				
PRES		gave rise to immediate	(b)_						
W. That		cause (a), stating the underlying cause last.	DUE TO, C	DR AS A CONSEQU	JENCE OF				
s, 201 signed In pleas buriat injury,			(c)_						
reference of the property of t	z	PART 2 OTHER SIGNIFICANT	CONDITIONS	ONTRIBUTING TO	DEATH BU	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITIO	N GIVEN IN PART 1	(a)
9 - i o	CERTIFICATION	10 0475 05 0050471041	TIM CONT	TION FOR WILLS		NAME OF THE OWNER.	Las AUXORSUS Las	IF VEC. WERE SING	
Le has been bremit.	្ជ	190 DATE OF OPERATION	146 CONE	DII ION FOR WHICH	HOPERATIC	N WAS PERFORMED		IF YES, WERE FIND	
an. rate by the state of the st	Ē.						YES NO	YES [NO []
NG PHYSICIAM Inding physician. Iter this certificate he burial-transit pe and Mental-Trygue and Mental-Trygue sirked or Item 18 s		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D		OF INJURY	AY YEAR	216 HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN IT	EM 18, PART 1 OR PART 2)	
PHYSIC PHYSIC B physic of physic or this cert urial-tradimental dor Itee	3	(IF EITHER, NOTIFY MEDICAL EXAMINE	and the same of th	P.M.	19				
DING PHY trending pl After this: s the burial th and Mer marked or	MEDICAL	21d. INJURY OCCURRED	21e PLACE	OF INJURY TREET, FACTORY, OFFICE	SARM ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
IVIS DINC tend tend the h an mark	2	AT WORK AT WORK	(2.1.0.0.0.)	race, racront, orrice,	raiding cross				31416
ENI DR: Se as lealt is r		220 I certify that (I) this has	pital) attended t	he deceased fram.		19 80	, ta 3/3	19 80	, that (I) (we) last
CTC of the		saw the deceased alive o	5	9 19	80.0	nd that in (my) (our) apinian	death accurred an the date a		
OR hospi bed for DIRE		abave, (1) (we) (did) (did r 22b. SIGNATURE	of) view the bad	y after death.		DEGREE		226. DAT	E \$IGNED
AL OR AT the hospital AL DIRECT tached for te Dept. of T: If Item 2		Ellerd	no K. a.	month	,	MD ATTENDING PHYSICIAN	MEDICAL STAFF	N- 3/4	180
PPIT SPIT		224 PHYSICIAN'S NAME (TYPE	ØR PRINT)	The same of the sa	. 1	22e ADDRESS	// / 1/	7/10/11	00
HOSPITAL sined by the FUNERAL I hould be detach the State E		Thord	DID K	Amon	4	Juhne 1	Lunkine Hos	xital	
TO He TO FL should with t	20	11100	010 1.	111901	/	- Viins	TUNITURE TOS	01191	
1000/	236.	BURIAL, CREMATION, REMOVA			NAME OF	CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY	STATE
/S// BP		Burial	3/7/	80 M	t. A	uburn Cem	Balto.	- 0	Md.
DHMH-16 25M	1	UNERAL DIRECTOR		ADDRESS			E REC'D. BY REGISTRAR 256. F	EGISTAR'S SIGNA	Hereody
(VRA 15, 4) 1/79	C	HARLES A. RI	CE	1300 Eu	taw	Place	ODE! G T YHIM	. /	

Technique de la company de la FRUZIALE HERBERS lensle | 3 15 30 Heltimore downstance Meryland Lalvinore a 1524 % Alton Avenue olaitin. Loons bioduvins mulifil ovods sa mmsa magnen dgiobur. Mary Land Barton Brown Surial 3/7/80 . t. groups .t. 08/7/8 Ising eosi: wsts 00%1 805. . casalt

300 · 1	2		ou de	EBIAL	
		100		SID AUR -	SI.T.I.E
	and recorded		. Λ.	.0.0	, WHENEAL
.vca .a.1		.48.05.7	e gerreit 1661b	es: VA	Tt.7
700000 0000	Soft villagor vira.				7.7.7
	p.ive.	6.53	aiwni		i i
a .III. 20	Mins Flot winds				585
	Manya A Son A				
	Manual South				
	Manual South				
	Manual South				
08	Then to A south				
00	Tuning A on A				

VOIDED DEATH CERTIFICATE NUMBER LISTED ABOVE APRIL DEATH FILED WITH MARCH BY MISTAKE.



1 200 26, 2, 200		LAR HAT	
		elini	L. Clarel
Valore to Let	- S		Adailys at
	ets yn Asyl	A no.	ntrom2cXatt
Committee and the Committee of the Commi		eria:	(tratera)
The state of the s	Letter May	- Iber-	
yet 2. Listler Valto., t			
			Taxan ali il S
		· · · · · · · · · · · · · · · · · · ·	
Marine Committee of the	Value affect of		Live Court

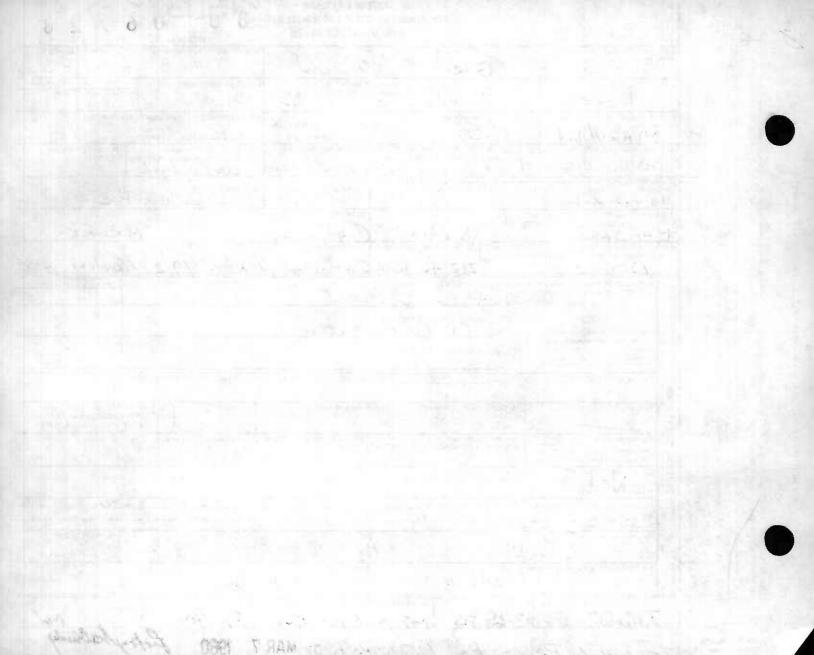
The second only have Carlotte Car Streng I Halm 17)

	A Mandara Description of the Company	利用的国际
Sec. 6, 1997 -	Asset Comments of the	
	1891 PECTAGORIA E BATAN	
	house in	
Section Transmitting	South County County	
1976 F. Brust Stand St. 4080		and and
	(CALINO)	
el. Someth for things Ma		
		rinak 1914 1920an mailia (191

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR MIDDLE DECEASED NAME 2a. DATE KNOWN 2b. HOUR (TYPE OR PRINT) ESTI-Jordan Guy Hornberger DEATH MATED 19 80 SEX 4. RACE 6. AGE (IN YEARS IF UNDER 1 YR. 5. DATE OF BIRTH IF UNDER 24 HRS DATE 72 YRS PRONOUNCED 07 male white 3/28 1980 DEAD Te BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED TO NEVER MARRIED U.S.A. Pennsylvania Baltimore City WIDOWED DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 126. KIND OF BUSINESS Freight checker OR INDUSTRY Baltimore Transport. Md. USUAL RESIDENCE (IF IN NURSING # 34F OF OTHER PASTILITION CAN RESIDENCE BEFORE ADMISSION) Maltimore Baltimore 13d. INSIDE CITY LIMITS? 13 STREET ADDRESS 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME DIVISION OF VITA LAST Berdie MIDDLE LAST Jacob Hornberger Mrsormanthel B. Hornberger 10 National Drive, Baltimore, Md. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. (YES, NO, OR UNKNOWN) 188-07-0034A 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Carcinoma of lung IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. AND PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (d) CERTIFICATION 190. DATE OF OPERATION 20. AUTOPSY? Ing . 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? YES NO XX 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING MEDICAL CONTRIBUTING CAUSE OF DEATH P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, 211. LOCATION STREET, FACTORY, FARM, ETC.) CITY OR TOWN STATE WHILE AT WORK COUNTY 22a. I certify that I took charge of the remains described above, held on Autopsy Inspection and in my opinian death resulted from Accident Undetermined monner 3/31/80 DATE PAGE 4 SHOU TO FUNERAL C AFTER DEATH, BALTIMORE, MA SIGNATURE MEDICAL EXAMINER SIGNED Hormez R. Guard, M.D. EXAMINER'S NAME 111 Penn Street, Balto., MD 21201 (TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION STATE 3-31-80 Gardens of Faith Cem. Baltimore Baltimore Md 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 254 15 TRANS SIGNATURE **DHMH - 17** Nicholas T. Matthews, 3021 Eastern Ave., Balto. APR 2 VR A15 ME (5)) 15M 7/77

The let be by " The Talk Bridge reported the engineer front and the control of the

				STATE OF MARYLAND	44 La 4 La 1		
	1 -	FOR STATE REGISTRAR	DEPAI	TMENT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH		06/2	8
		EASED NAME FIRST	MIDDLE	LAST	REG. NO		HOUR
(TYPE C	Garry Garry	(GARY)	HORTON	A A	3 7 80 4	:30
3.	. SEX	Male	Black	5. DATE OF BIRTH MONTH DAY YEAR 3 14 48	6 AGE IIN YEARS LAST BIRTH	DAY) IF UNDER 1 YEAR IF UN MONTHS DAYS HOUR YRS.	IRS M
71		THPLACE (STATE OR FOREIGN UNTRY)	TE CITIZEN OF WHAT COUNTR	Y? MARRIED ANEVER MARRIED	9 BALTIMORE CITY OR	COUNTY OF DEATH	
0		MARYIAND	().0.	WIDOWED DIVORCED	Baltemore		
38	B	altimore	(IF NOT IN SUCH FACILITY, GIVE STR	sing home or other institution let address) Hary land Hosp.	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF	PORKING LIFE) INDUSTRY	SINESS
LL I	JSUA 3a. S1	ATE 136 COUN	OTHER INSTITUTION, GIVE RESIDENCE BEF		13e. STREET ADDRESS	<i>f</i>	
	Ma		City	YES NO [em Ave	
" /A -	L FAT	HER'S NAME FIRST & M	IDOLE 9 LASI	15 MOTHER'S MAIDEN NA	ME	IAST.	
	出	emard.	HUSETO	N CATHERIAN		BROOK	5
16		AS DECEASED EVER IN U.S. ARA S, NO OR UNKNOWN) (IF YES, GIVE	MED FORCES? 166 SOCIAL SE	CURITY NO 17 INFORMANT	ADDRES	S	
	116	NO (PIESONE	212-46	-8034 CAHAMAN	HORTON 19	12 Hopler	4
		PART I. DEATH WAS CAUSED	y ane cause per line far (a), (b), BY: E CAUSE (a) CAVALO	ac Arrest		APPROXIMATE IN	AND DE
		4554 IMMEDIATE				3	
		Conditions, if any, which	DUE TO, OR AS A CONSEC	iomiss pathy		" The	
		gave rise to immediate cause (a), stating the	(6)	VIII I			
5		underlying cause last	DUE TO, OR AS A CONSEC	DUENCE OF			14
, and a		PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING T	O DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR COND	TION GIVEN IN PART 1(a)	
	CERTIFICATION						
9	<u>5</u>	10. DATE OF OPERATION	196 CONDITION FOR WHI	CH OPERATION WAS PERFORMED	20a AUTOPSY?	206. IF YES, WERE FINDINGS U IN CERTIFYING CAUSES OF DE	SED
4	<u>.</u>	-			YES NO	YES NO	
. 47		OR CONTRIBUTING CAUSE OF DEAT	21b. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR 216 HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY	IN ITEM 18, PART 1 OR PART 2)	
/	5	(IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	19			
		14. INJURY OCCURRED	21e PLACE OF INJURY	211. LOCATION			STAT
a diameter	ž	WHILE AT WORK	AT HOME, STREET, FACTORY, OFFIC	E, FARM, ETC.) STREET	CITY OR TOWN	COUNTY	
100	1	220.1 certify that (1)(this haspite	al) attended the deceased from	e, FARM, ETC.) STREET	10 March	+ 19 50 , that	(I) (w
	1		al) attended the deceased from	E, FARM, ETC.) STREET	10 March	+ 19 50 , that	(I) (w
		220.1 certify that (1)(this haspite saw the deceased alive an	al) attended the deceased from	E. FARM, ETC.) STREET 1980 , and that in (my) (aur) opinion DEGREE	to Marche death accurred on the dat	19 60 , that the causes	(I) (we
		220.1 certify that (1) (this haspite saw the deceased alive an above, (1) (we) (did) (did not	al) attended the deceased from	E, FARM, ETC.) STREET 19.80 , and that in (my) (aur) apinian DEGREE ATTENDING	10 March	e and hour and from the cause:	(I) (we
7		220.1 certify that (1) (this haspite saw the deceased alive an above, (1) (we) (did) (did not	oil) attended the deceased from March T 19 view the body after death.	E, FARM, ETC.) STREET 19.80 , and that in (my) (aur) apinian DEGREE ATTENDING	to	e and hour and from the cause:	(I) (we
7		22a. I certify that (1) (this haspite saw the deceased alive an above, (1) (we) (did) (did not 22b. SIGNATURE	oi) attended the deceased from March 7 19 view the body after death. PRINTS SMAM 7M	e, FARM, ETC.) STREET 19.80 , and that in (my) (aur) apinion DEGREE ATTENDING PHYSICIAN [to	e and hour and from the cause:	(I) (we
7 23	30 BL	22a. I certify that (1) (this haspite saw the deceased alive an above, (1) (we) (did) (did not 22b. SIGNATURE	oi) attended the deceased from March 7 19 view the body after death. PRINTS SMAM 7M	E. FARM, ETC.) STREET 19 80 DEGREE ATTENDING PHYSICIAN 120 ADDRESS NAME OF CEMETERY OR CREMATORY THE PROPERTY OF CREMATORY	death accurred on the dat MEDICAL STAFF DIRECTOR PHYSICIA	e and hour and from the causes 22c DATE SIGNI 3 7 8	(I) (wests state



0		1-	FOR STATE REGISTRAR	DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENES () O	6/29
(NA)		I. DEC	EASED NAME FIRST	MIDDLE	LAST	24 DATE OF DEATH MONTH	DAY YEAR 26, HOUR
(A)		4 554	Charles	FRED ERICK	Houston 7	March 21,	1980 8:11pmm
s after		3 SEX	M	WHITE	Mary 25 1989	70 YF	MONTHS DAYS HOURS MIN
Male Mourt Marco	20	7a. 816	THPLACE ISTATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COU	NTY OF DEATH
Tr. St.	12	1	OHIO	USA	WIDOWED DIVORCED	Baltimore	City MD.
d with	33	10 0	Y OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE STREET	G HOME OR OTHER INSTITUTION ADDRESS) PKINS Hospital	128 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK FOR M	IZB. KIND OF BUSINESS OR INDUSTRY
and be file	35	USU/ 13a S	AL RESIDENCE (IF NURSING HOME OF TATE 136, COU	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE	E ADMISSION)	1108 GRANA	DA AUE
TO O State	2/	14 FA	THERS NAME PIRST P	F. Houston	15 MOTHER'S MAIDEN N. FIRST BLIZAGE	AME MIDDLE	PRICE
Pages 1 a	2		AS DECEASED EVER IN U.S. A	RMED FORCES? 186 SOCIAL SECU VE WAR OR DATES! 912-14-	1361 EVELYN Cal	LMAN # 1	3
y the attending physics remove carbon papers cremation, or removal or other traumatic ever			PART I. DEATH WAS CAUS	DUE TO, OR AS A CONSEQUE DUE TO, OR AS A CONSEQUE DUE TO, OR AS A CONSEQUE	PULLONAD ENCE OF	AU. VEW THO	APPROXIMATE RITERVAL BETWEEN ONSET AND DEATH
as been signed to nit. Then please prior to buriel, was uny injury,		CERTIFICATION		HAGEAL CON	DEATH BUT NOT RELATED TO THE TER OPERATION WAS PERFORMED	MINAL DISEASE OR CONDITION RESPECTIVE 200 AUTOPSY? 200. IF	
sician. tificate has ansit permit Hygiene perm 18 show	1		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE			RRED (ENTER NATURE OF INJURY IN ITEM	YES NO
ttending physici After this certifi s the burial-trans th and Mental H marked or Item		MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINE) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK		19 21F LOCATION STREET	CITY OR TOWN	COUNTY STATE
RECTOR: d for use a pt. of Heal			22e.1 certify that (1) (this hasp	oital) attended the deceased fram	, and that in (my) (aur) apinial	n death accurred an the date and	hour and from the causes stated
y the RAL detac rate INT:	1		THE PHYSICIAN'S NAME (TYPE	OR PRINT)	ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIAN	3218
TO FUNE should be with the S			K.C. K	1012PH2	#6123	ALTINIE TE	
BP			DURIAL CREMATION, REMOVA	3/25/80 ST	NAME OF CEMETERY OR CREMATORY	23 LOCATION CITY OR TOWN LIS	AA MONE
DHMH-16 25N (VRA 15, 4) 1/3		THE FL	INPOAL DIRECTOR	for anners	1 1 0	TE REC'D. BY REGISTRAR 256. RE	GOTRAR'S SIGNATURE

Charles France Contact A March 21, 1200 m OHID US FR LITTINGE CME The John Horsting Horsting Carry of Carry of PLDS BORDON SOLL OF CRORDER DECEMBER Phrelies F. Poston Charles Leice The Marie Commence of the Comm

		Range	
2		WILLY.	er ren te
×	3-	.2.0	20240. 16.
Lading	nd General Bo	Normal	
X	Estin ore	norta tel	
	Classuch .	a 3	nulod.
	Cariller Arrive		
rimeralos	Macouralla La		
180 22 1	28 110	NEWS NAME OF	
			7.74
			nk.
zanez . Larez			
		And speeral Mouritai A Laitinore Olosuuch Alfiner Cardiac Arrinthmia Muccorelli Tafaretion parientive Arteriosciercui litus	White con. If, it is a series in the series

生物 化二甲基甲基 annual in 102-14 St S S SON TO PROPERTY OF THE PARTY OF M STATE SPECIAL TO THE new newparaci

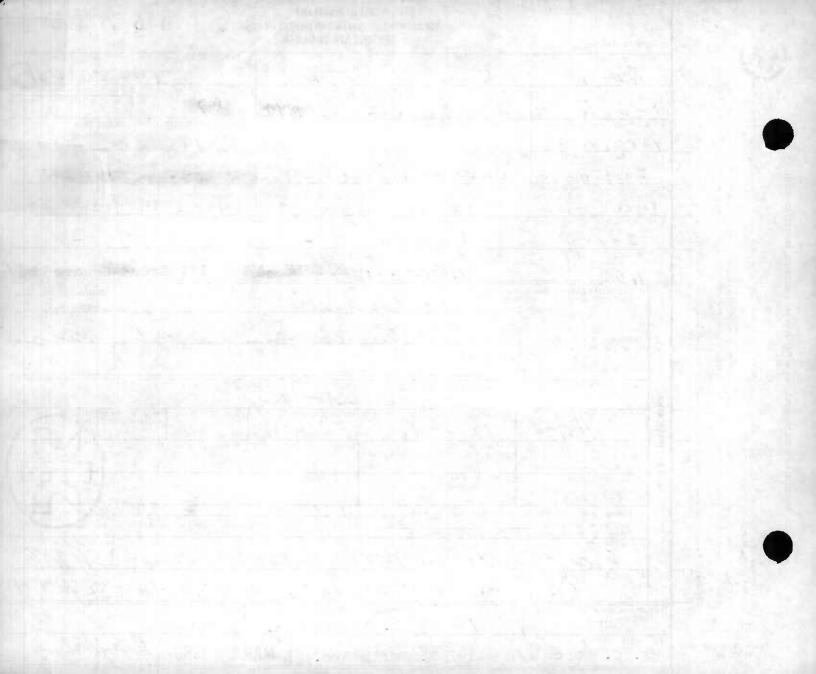
8 6 6 0 0 - 0 6 - 511 PLU Dicke Street Projects Street Constitution TOTA BOOKS TO TRANSPORT HOST JOSEPH TRANK CLIABETH CARE THE MANNE The - Shires are the fame of closenes or manually The state of the s

	FOR		DEPARTMENT	STATE OF MARYLAND OF HEALTH AND MENT	AL HYGIENE	6 1 3 3
M	- STATE REGISTRAR			MINER'S CERTIFICAT		NO.
	DECEASED NAM	AMOS	MIDDLE	HOWSER	20. DATE KNOWN OF ESTI- DEATH MATED	
3. S		4. RACE 5.	DATE OF BIRTH AONTH 12, 1896 LASS		NDER 24 HRS. 2c. DATE PRONOUNCED DEAD	MONTH DAY YEAR 7:
# > (A	male BIRTHPLACE (S FOREIGN COUNTRY)		CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER A	AARRIED 9. BALTIMORE CIT	Y OR COUNTY OF DEATH
200	CITY OR TOWN Baltimo		NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET AD)	ORESS)	120. USUAL OCCUPATION (FOR MOST OF WORKING LIFE) SELL-EMPLOYE	TYPE OF WORK 12b. KIND OF BUSINES OR INDUSTRY
13a.	JAL RESIDENCE STATE Anuland	(IF IN NURSING HOME OR OT 13b. COUNTY	HER INSTITUTION, GIVE RESIDENCE BEFORE.	DMISSION) 13d INSIDE CITY LIM		101
14. 20	FATHER'S NAMI	E M	IDDLE LAST	15. MOTHER'S N		LAST
160.	WAS DECEASE	DEVER IN ILS APAGE	FORCESS IN SOCIAL SE	. As		jone, Md. 21230 61 W. Hamburg St
AOVAL	57	EATH WAS CAUSED BY	ne cause per line far (a), (b), and (a f: AUSE (a) Castroint DUE TO, OR AS A CONSEQUE	stinal bleeding	g and jaundice	APPROXIMATE INTER: BETWEEN ONSET AND D
S SE		stating the under-	DUE TO, OR AS A CONSEQUE	NCE OF		
NOIL	PART 2 OTNER SI) stating the <u>under</u> use last. IGNIFICANT CONDITIONS <u>CONT</u>	DUE TO, OR AS A CONSEQUE (c) RIBUTING TO DEATH BUT NOT RELATED TO T	IE TERMINAL OISEASE OR CONDITION GIVEN		
CATION	PART 2 OTNER SI) stating the <u>under</u> - use last. IGNIFICANT CONDITIONS CONT	DUE TO, OR AS A CONSEQUE (c) (RIBUTING TO DEATH BUT NOT RELATED TO T 196. CONDITION FOR WHICH	IE TERMINAL DISEASE OR CONDITION GIVEN OPERATION WAS PERFORMED?		
SAL CERTIFICATION	PART 2 OTNER SI) stating the <u>under</u> use last. IGNIFICANT CONDITIONS <u>CONT</u> FOPERATION AL CAUSE WAS OR NG CAUSE OF DEA	DUE TO, OR AS A CONSEQUE (6) RIBUTING TO DEATH BUT NOT RELATED TO T 196. CONDITION FOR WHICH 216. TIME OF INJURY HOUR A.M. MONTH DAY TH P.M.	OPERATION WAS PERFORMED? YEAR 21c. HOW INJURY OCC		YES NO
MEDICAL CERTIFICATION	PART 2 OTHER SI 19a. DATE OF 21a. EXTERNA UNDERLYING CONTRIBUTI 71d INJURY C	Stating the under- use last. GNIFICANT CONDITIONS CONT OPERATION AL CAUSE WAS OF OR OCCURRED	DUE TO, OR AS A CONSEQUE (c) [RIBUTING TO DEATH BUT NOT RELATED TO T 19b. CONDITION FOR WHICH 21b. TIME OF INJURY HOUR A.M. MONTH. DAY	OPERATION WAS PERFORMED? YEAR 21c. HOW INJURY OCC		YES NO
MEDICAL CERTIFICATION	PART 2 OTNER SI 19a. DATE OF 21a. EXTERNA UNDERLYINK CONTRIBUTI 21d. INJURY C WHILE AT WORK 22a. I certi death result	OPERATION AL CAUSE WAS OCCURRED NOT WHILE AT WORK	DUE TO, OR AS A CONSEQUE (c) (RIBUTING TO DEATH BUT NOT RELATED TO T 19b. CONDITION FOR WHICH 21b. TIME OF INJURY HOUR A.M. MONTH DAY P.M. 21e. PLACE OF INJURY STREET, FACTORY, FARM, ETC.)	PETERMINAL DISEASE OR CONDITION GIVEN OPERATION WAS PERFORMED? YEAR 9 Z1f. HOW INJURY OCC 9 ME, Z1f. LOCATION STREET I on Autopsy , Insp. Suicide , Homicide TITLE (SPECIF	URRED (ENTERNATURE OF INJURY IN ITEM CITY OR TOWN ectian X, Inquiry , Undetermined manner Y)	YES NO 18 PART 1 OR PART 2) COUNTY S and in my apinian DATE 2. 15. 200
MEDICAL CERTIFICATION	PART 2 OTNER SI 19a. DATE OF 21a. EXTERNA UNDERLYING CONTRIBUTI 21d. INJURY C WHILE AT WORK 22a. I certic	Stating the under- use last. GNIFICANT CONDITIONS CONT COPERATION AL CAUSE WAS OR NG OR NG CAUSE OF DEA DOCCURRED NOT WHILE AT WORK AT WORK AT WORK AT WORK	DUE TO, OR AS A CONSEQUE (c) (RIBUTING TO DEATH BUT NOT RELATED TO T 19b. CONDITION FOR WHICH 21b. TIME OF INJURY HOUR A.M. MONTH DAY P.M. 21e. PLACE OF INJURY STREET, FACTORY, FARM, ETC.)	PETERMINAL DISEASE OR CONDITION GIVEN OPERATION WAS PERFORMED? YEAR 9 Z1f. HOW INJURY OCC 9 ME, Z1f. LOCATION STREET I on Autopsy J, Insp. Suicide J, Homicide TITLE (SPECIF	URRED (ENTERNATURE OF INJURY IN ITEM CITY OR TOWN ection X, Inquiry , Undetermined manner	YES NC 18 PART 1 OR PART 2) COUNTY S and in my apinian],

Marine I to Non-Yes the second state of the second second second second Collins, Lang Maria Coulde thicken - . . . o dortes inhiper PAN AND THE STATE OF THE STATE

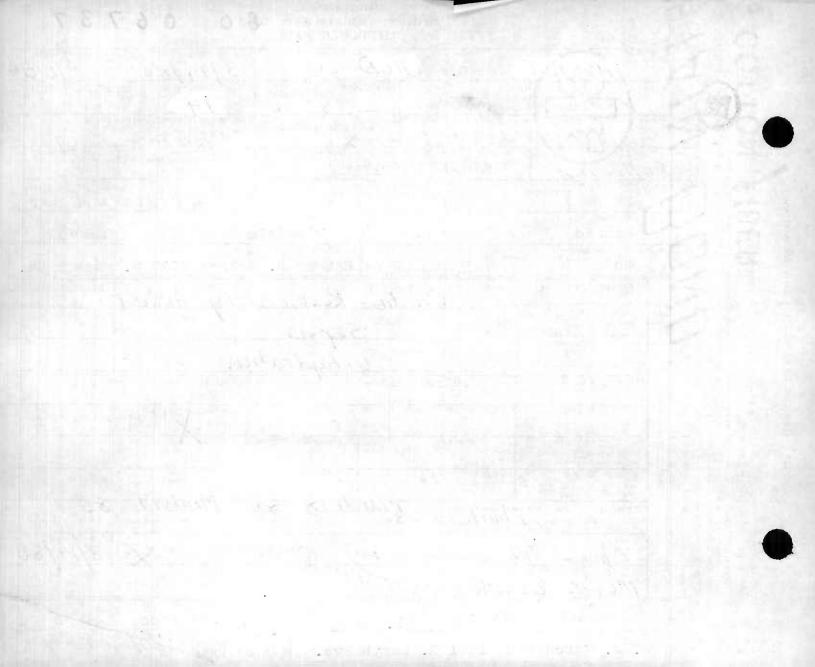
Tames 33819 White i 9 28 97 Ad. --- Boltfore x dellos ... Tober Sfreet proced. codyna Frank we 103 1. Glover Girage Billes - 1217-12-6372 Up. . Virginia V. hendas- ud. 21224. Surial Jana - Antico e entre Comette - Antico. Ant.

121	1	FOR	STATE OF MARYLAND	3 5
	1-	STATE REGISTRAR	CERTIFICATE OF DEATH REG. NO.	0 2
		CEASED NAME FIRST	MIDDLE LAST Zo DATE OF DEATH MONTH DAY	YEAR 26 HOUR
9 0 0 0 0 0	live	MARY	Sue AUBBARd 3148	0 03Pm
4 mo)	3. SE	- /,	No. 20 March 1997	RTYEAR IF UNDER 24 HRS DAYS HOURS MIN
oge Ors	1	emale	12/ack 12 25 1892 81 YRS.	
Tal di		RTHPLACE ISTATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY? 8 MARRIED . NEVER MARRIED . 9. BALTIMORE CITY OR COUNTY OF DE	ATH
dot dot	10 (1	TY OR COWN OF DEATH	WIDOWED DIVORCED DIVORCED DALY ME	KIND OF BUSINESS OR
offer of the sed will be	10. 0	Batti mo re	(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS). (TYPE OF WORK FOR MOST OF WORKING LIFE) IND. PUKE IAN A NUVSING HERE	
212	USU/	AL RESIDENCE (IF NURSING HOME OR TATE	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)	
ND 24 h		nd	INTY 13c GTY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS NO 1400 E. Mag.	son st.
within within d 2 sho	14 FA	THER'S NAME	MIDDLE FIRST MIDDLE	LAST
- 0 -		JEHRY	Fdmonds 7	-
IMORE, In ond con nond con medicol		VAS DECEASED EVER IN U.S. ARI	WE WAR ON DATES	1 (-1
		NO	2/8-12-8664 NANNIE VAUGHN 101 LaRue S	The state of the s
5T., BALT rtificate b physicio anpopers emovol.		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE)	only one couse per line for (a), (b), and (c) ED BY:	APPROXIMATE INTERVAL SETWEEN ONSET AND DEATH
ST.		IMMEDIAT	ATE CAUSE (0) (WALKE WILL)	men
PRESTON he deoth c he ottendir emove cort motion, or		Conditions if any which	DUE TO, OR AS A CONSEQUENCE OF Cardiovas dis	n la .
the deater remove cemotion, er troum		Conditions, if ony, which gove rise to immediate couse (a), stating the		gas
★ 5 5 5 5 €		underlying couse lost.	DUE TO, OR AS A CONSEQUENCE OF	
2 6 6 2		PART 2. OTHER SIGNIFICANT C	CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE JERMINAL DISEASE OR CONDITION GIVEN IN	PART 1(o)
ORDS, 2	CERTIFICATION		Fracture of whit has	
L RECOF	ICA	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206. IF YES, WERE IN CERTIFYING C	FINDINGS USED CAUSES OF DEATH?
VITAL I	RT	21g, ACCIDENT WAS UNDERLYING	THATUYE OF MAJURY YES NOW YES YES ON 10 YES ON	NO 🗌
I OF VII A SICIAN: T ag physici gertificote riol-tronsi entol Hygi item 18 sh		OR CONTRIBUTING CAUSE OF DEA	EATH HOUR A.M. MONTH DAY YEAR	PART 2)
ON OF WHYSICIAL Inding phonis certification in the phoniotic phoniotic phoniotic phoniotic in the phoniotic	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED	21e. PLACE OF INJURY 211. LOCATION	_
	WE	WHILE NOT WHILE AT WORK	AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN COU	INTY STATE
3 0 0 E			pitol) ottended the deseosed from 11, 16, 19 79, to 19, 19, 19	that (I) (we) lost
E = 0 64 =		sow the deceased alive on	in 2 /27 19 0 . ond that in (my) (our) opinion death occurred on the date and hour and froit) view the body after death.	rom the couses stated
OR ATTE e hospite DIRECTO oched for Dept. of I		22L SIGNATURE	DEGREE 17	DATESIGNED
AL D AL D detocote D ote D		Kayk	Stadil MO ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN D	3/17/80
OSPII DNER JNER J be Ne St		274 BAYSICIAN'S NIGHE ITHE O	Di Tena 22 ADDRESS	- e Ama
TO HOSPITAL (retoined by the TO FUNERAL I should be detoined the Store (IMPORTANT: If		KAY	y Brodie SYMO 1501 N. Dukeland S	7. Pay (1)
	23e. B	URIAL, CREMATION, REMOVA	2 / 2 C / C C	
1002 BP	24 51	Burial UNERAL DIRECTOR	3/22/80 Mt. Auburn Cem. Baltimore	MD
DHMH - 16 50M 1/76 (VR A 15 (4))		NAME		1/Ketresdy



. White to the out the country of th .coller, .do .com. com. com. collection . collection .com. ALTERNATION CONTRACTOR

DEPARTMENT OF HEALTH AND MENTAL HYGENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO LAST 1. DECEASED NAME 20 DATE OF DEATH 2b. HOUR (TYPE OR PRINT) HORACE G. HUDNELL 4 RACE IF UNDER 1 YEAR 3 SEX 5 DATE OF BIRTH 10 DAYS Tale 06 73 ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED VA DIVORCED [10 CITY OR TOWN OF DEATH 17h KIND OF TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY HERAN HOSPITAL BALTIMORE, MARYLAND 21201 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13c. CITY OR TOWN 130. STATE 136 COUNTY 13d. INSIDE CITY LIMITS? MD 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME 0 MIDDLE Hudnell Bennie Hudnell Virginia 160 WAS DECEASED EVER IN U.S. ARMED FORCES" 16h SOCIAL SECURITY NO 17 INFORMANT ADDRESS (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Esther A. Sebree 2720 W. Mosher St. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for to PART I. DEATH WAS CAUSED BY W. PRESTON ST., IMMEDIATE CAUSE 10 ö DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse ioi, stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse last. DIVISION OF VITAL RECORDS, 201 5 a PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) CERTIFICATION any 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? per shows ond Mentol Hygiene NO F 21g. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 80 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH fem MEDICAL LIF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 21e PLACE OF INTURY 211 LOCATION marked ar CITY OF TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STATE NOT WHILE 22a I certify that (I) (this hospital) sylanded the decaded from care the deceased alive on 19 saw the deceased alive on 1 80 ond that in (my) (our) apinion death occurred on the date and hour and from the causes stated If Item 21 obove, (I) (we) Idid) (did not) view the body ofter death be detached f DEGREE 77c DAT ATTENDING MEDICAL STAFF FUNERAL PHYSICIAN DIRECTOR PHYSICIAN MPORTANT: 774 PHYSICIAN'S NAME (AFE OF PRINT) 22e. ADDRESS old by 23c. NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION, REMOVAL 23h DATE STATE |SPECIFY) Baltimore Burial 3/24/80 MD Auburn MAD 9. 1 1900 Fregistran 256 BEGISTRAR'S SIGNATURE LY 24 FUNERAL DIRECTOR DHMH - 16 50M 1/76 1101 E. North Ave. March F/H (VR A 15 (4))



ADDRESS ADDRESS SVIJE	TY OF DEATH
PRINTER STATE OF THE PRINTER S	# UNDER I YEAR # UND MONTHS DAYS HOURS TY OF DEATH I 25 C 1 49 128 KIND OF BUSH INDUSTRY F 1 5 T 1 C APPROXIMATE INI BY WERN ONSE! AN
YRS E CITY OR COUN TO POST CCUPATION OR MOST OF WORKING DORESS Warad bra ADDRESS TO POST	TY OF DEATH 128. KIND OF BUSIN INDUSTRY 198. TO THE 100 A PROXIMATE IN 100 A PROXI
ECITY OR COUNTY OF COUNTY OF WORKING OF WORK	126 KIND OF BUSH INDUSTRY INDU
CCUPATION OR MOST OF WORKING & A DORESS ADDRESS ADDRESS ADDRESS	12b. KIND OF BUSH INDUSTRY IND
DDRESS Words bre	126. KIND OF BUSH INDUSTRY IND
DORESS WARD Bra	INDUSTRY FOR BLE APPROXIMATE IN 1 APPROXIMATE IN 1 MINERIONSE AN 1
ADDRESS SULTE	APPROXIMATE IN ST. ST. S. M.
ADDRESS SULTE	5 m
ADDRESS SULJe	5 m
	5 m
	5 m
	5 m
	5 m
	5 m
	a
	9 mm
OR CONDITION C	IVEN IN PART 1(0)
Summer	
	ES, WERE FINDINGS US FIFYING CAUSES OF DE
	YES NO
RE OF INJURY IN ITEM 18	J. PART 1 OR PART 2)
CITY OR TOWN	COUNTY
MARCH !	10 30 0
	our and fram the causes
	22c DATE SIGNE
STAFF	3/14/30
PHISICIAIVA	1 71.110
Altimore	Md.
ION	-1
COAMS.	5 county, 2 2 5
2	CITY OR TOWN d an the date and h

8 0 0 5 7 3 8 Bucarellar Colo entering. It Carker Times as a series commenced a series 2003-027977 dextook di soon ser Delpara Success 31.9/30 Machany Courses 2 21234 Mangar Hong (25 Mg long to WERLS 1984 John Son

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO MIDDLE 2a DATE OF DEATH MONTH DAY 2h HOUR I. DECEASED NAME HUDSON (TYPE OR PRINT) 80 0420 AM 6.3 TAMES IF UNDER 24 HRS 4 RACE AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR 3. SEX 5 DATE OF BIRTH MONTH YEAR DAYS HOURS MIN Negro 13 13 BALTIMORE CITY OR COUNTY OF DEATH IN BIRTHPLACE ISTATE OR FOREIGN BIRTHY Va. TO CITIZEN OF WHAT COUNTRY MARRIED NEVER MARRIED USA BALTIMORE DIVORCED [WIDOWED 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION IN CITY OR TOWN OF DEATH 12ª USUAL OCCUPATION 12h. KIND OF BUSINESS OR US. Public Education (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) BALTIMORY OSP ITIMORE USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13. STREET ADDRESS 30. STATE 136 COUNTY Baltimore 134 INSIDE CITY LIMITS? CLIFTON Yes 280 NO [15 MOTHER'S MAIDEN NAME 4 FATHER'S NAME MIDDLE MIDDLE Coleman Garfield Hudson Bessie ADDRESS -60 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 166 SOCIAL SECURITY NO YES NO OR UNKNOWN) Navy APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY DENOCARCINOMA IUNG IMMEDIATE CAUSE IO DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gove rise to immediate (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying couse last PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION CACHEXIA 20s AUTOPSY? 20h: IF YES, WERE FINDINGS USED 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NO YES | NO [21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATUREDE INJURY IN ITEM 18, PART 1 OR PART 2) 218. ACCIDENT WAS UNDERLYING 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 211 LOCATION 21d INJURY OCCURRED 21s PLACE OF INJURY ò CITY OR FOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE WHILE AT WORK 22a | certify that (1) (this hospital attended the deceased from 03/08/1980 opinion death occurred on the date and hour and from the causes stated saw the deceased alive on obove, (I) we did (did not) view the body after death DEGREE 226 SIGNATURE 03/09/80 MEDICAL Jab 9042 ATTENDING PHYSICIAN DIRECTOR PHYSICIAN FUNERAL 22e ADDRESS 224 PHYSICIAN'S NAME (TYPE OF PRINT) BALTIMORE should b HOSP RAO SINAI USHA 0 23d. LOCATION 231 NAME OF CEMETERY OR CREMATORY 23b. DATE 236. BURIAL, CREMATION, REMOVAL STATE CITY OR TOWN COUNTY Burial 3/14/80 Baltimore BP Cedar Hill MD Cem 250. DATE REC'D, BY REGISTRAR 256. PER STRAR'S 24 FUNERAL DIRECTOR DHMH-16 20M C. March F/H 1101 E. North Aye. (VRA 15, 4) 7/7B

TOTAL STREET, ST. S. MARK MARKS ITT. NO. -1 -1 -1 \$60, % a sha THE P. LEWIS

	STATE REGISTRAR CEASED NAME	FIRST	N		MENT OF EXAMIN	IER'S C				ATH	REG. NO	6 /	9 ()
	PE OR PRINT)	BRYCE		A.		HUET	LASI			2a. DATE 1 OF DEATH	ESTI- MATED X		B 19 80	26 HOUR
3. SE	x	4 RACE	S DATE OF BIR	TH	6 AGE (IN Y	ARS IF UN		IF UNDE	ER 24 HRS.	2c. DATE		MONTH	DAY YEAR	
M	ALE	WHITE	11 0	1 79	LAST BIRTHE	RS. 4	DAYS 28	HOURS	MIN.	PRONOUN DEAD	CED	3-29	9 19 80	7:20 å M
	IRTHPLACE (ST	ATE OR	76. CITIZEN OF			I o	D NE	VER MAR	RIED X	9. BALTIM	ORE CITY C	R COUNTY	Y OF DEATH	
	MARYLA			.S.A.		WIDOWI	ED 🗆	DIVOR	RCED	Ва	1timo:	re Cit	ty	MD
	Baltimo:	re	11. NAME OF H (IF NOT IN SUCE Sout	h Balt	imore	Gener	al Ho	ospit	12a. US FOR	MAL OCCUP MOST OF WORK	ATION (TYPE	E OF WORK	26. KIND OF B OR INDUS	USINESS TRY
30. 5	AL RESIDENCE (TATE MARYLAN	IF IN PURSING HOME C	R OTHER INSTITUTION	13c. CIT	E BEFORE ADMISS Y OR TOWN IN BURN	ION)			13e. STR	REET ADDRES			A-2	-
	ATHER'S NAME		MIDDLE	1 6111		7.17			DEN NAMI			0.200		
	A LEXAND		В.		HUET	III	EI	LIZAB	ETH	MI	DDLE		10SCHLE	
160.	WAS DECEASED	EVER IN U.S. ARA	MED FORCES?	16b. SO	CIAL SECURIT	Y NO.	17. INFOR				ADDRESS	5907	GLEN RI	DGE CI
	N/A				N/A					HUET	III (BURNIE	MD.
	18. CAUSE OF	F DEATH (Enter on ATH WAS CAUSE	ly ane cause per l	line far (a), (b), and (c).)	Inte	rsti	al p	neumo	nitis	5		APPROXIMA BETWEEN ONS	TE INTERVAL ET AND DEATH
	E16		TE CAUSE (a)		-Infan		en sy	ndro	me					
		s, if any, which	00210,	OR AS A CO	143E@OEI4CE	Or							T AIR	
	cause (a)	e to immediate stating the <u>under-</u>	DUE TO,	OR AS A COI	NSEQUENCE	OF								36 14
	lying caus	se last.	(c)											
z	PART 2 OTHER SIG	ENIFICANT CONDITIONS	CONTRIBUTING TO GE	ATH BUT NOT REL	ATEO TO THE TERM	IINAL OISEASE	OR CONDITIO	ON GIVEN IN	PART 1 (a).		•			
ATIC	19a. DATE OF	OPERATION	19b. CON	DITION FOR	WHICH OPE	ATION WA	AS PERFOR	RMED?	-				20 AUTOPS	(?
FF													YESXX	NO 🗆
MEDICAL CERTIFICATION		L CAUSE WAS		OF INJURY	DAY YEA		W INJURY	OCCUR	RED (ENTER	NATURE OF INJ	JRY IN ITEM 18	PART I OR PART	[2]	
ICAL		OR G CAUSE OF D	DEATH	P.M.	19									
MED	21d. INJURY O WHILE		STREET 6	E OF INJURY	(AT HOME, ETC.)	21f. LOC	REET			CITY OR TOW	/N	COUN	NTY	STATE
	AT WORK	AT WORK											- 14	
	22a. I certif	y that I taak charg				Autops	yXX,	Inspect	ian L.	Inquiry	L, and	d in my apir	nian	
	death resulte	ed fram:	al cousesXX:	Accident	L, St	icide 🔲.	Hami		, Unde	termined ma	nner,			
	ACTUAL	JAK.	2/1/1	wo				SPECIFY)	e Const			DATE	2 00	
1	SIGNATURE_	ALL	- VVI			M.	Assi	stani	MED	ICAL EXAM	INER	SIGNED	3-29-8	50
	EXAMINER'S I	NAME HOrm	ez R. G	iard 1	wi D	,	ADDRESS_	111	70	a .	_			
23o. E	URIAL CREMAT	ION,REMOVAL 2			NAME OF CE				23d. LO	St DCATION ORTOWN	Dad to	-, Mil	2120	
	MOVAL/B	URIAL	03-31-8	0 P	INE HI	LL CE	METER	RY	BU	RLING	TON	ALAMAN	ICE N	.C.
24. F	UNERAL DIRECT	TOR	ADDR	RESS		2122	29	MAN	E RECID. D	PETERAL	124	guy/N	SATISTIC Y	
H	UBBARD :	FUNERAL :	HOME, IN	IC. 410	7 WILE	ENS A	VE.	MUIT	OTI			/		

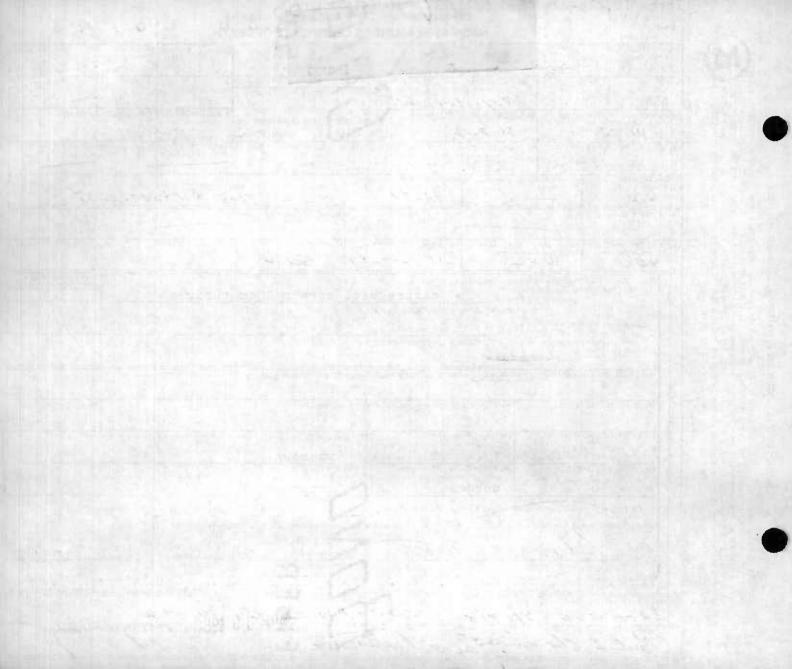
e-sendingle element 2000 I Englese Alice

FOR 1 - STATE			PARTMENT OF		AENTAL HY		6/	a i
REGISTRAR	F FIRST		CAL EXAMIN		ICATE OF	REO.		
(TYPE OR PRINT)		M		LAST	.1	20. DATE KNOWN		1.0.1
SEX	Harvey	DATE OF BIRTH	B It ACE (BING		_	Sr. DEATH MATED	□ 3 28	17
nale	black	5. DATE OF BIRTH	YEAR LAST BIRTHDA		HOURS I	4 HRS. 2c. DATE MIN PRONOUNCED DEAD	3 28	Y YEAR 2d 1
OREIGN COUNTRY)	TATE OR	76. CITIZEN OF WHAT	COUNTRY?	8. MARRIED N	IFVER MARRIER	9. BALTIMORE CITY	OR COUNTY OF	
	Pa.	USA		WIDOWED X	DIVORCE	7 - 7 - 1	re City	
Baltin		11. NAME OF HOSPIT (HE NOT IN SUCH FACILITY Sinai H	AL, NURSING HOME TY, GIVE STREET ADDRESS) OSPITAL	, OR OTHER INSTIT	UTION	12a USUAL OCCUPATION (T FOR MOST OF WORKING LIFE)	TYPE OF WORK 12b. N	CIND OF BUSINE OR INDUSTRY
JAL RESIDENCE STATE MI	13b. COUNTY	OTHER INSTITUTION, GIVE RI	esidence Before ADMISSION OF TOWN Baltimore	13d. INSIDE		3e STREET ADDRESS 3037 Brigh	ton St.	
FATHER'S NAM	E	WIDDLE	1467	15. MOTH	HER'S MAIDEN			LAST
Clint	on	Principle.	Hughes	Ma	e	MIDDLE	W	ilson
OR WAS DECEASE	D EVER IN U.S. ARM	AR OR DATES)	66 SOCIAL SECURITY	A		ADDRE		
No	, , , , , , , , , , , , , , , , , , , ,	2	232-26-50)43 Ros	e Shi	elds 3037 B	rightor	st.
18 CAUSE C	OF DEATH (Enter only EATH WAS CAUSED	one couse per line for	(o), (b), and (c).)			ic cardiovaso	BE	APPROXIMATE INTER
	IGNIFICANT CONDITIONS CO	(c)				1 (a).		
19d. DATE OF	OPERATION	196. CONDITIO	N FOR WHICH OPER	ATION WAS PERFO	RMED?		20.	AUTOPSY?
	AL CAUSE WAS OR NG CAUSE OF DE		JURY MONTH DAY YEAR 19	21c. HOW INJUR	RY OCCURRED	(ENTER NATURE OF INJURY IN ITEM	18 PART 1 OR PART 2)	
UNDERLYING CONTRIBUTI 21d. INJURY WHILE AT WORK	OCCURRED NOT WHILE AT WORK	21e PLACE OF I STREET, FACTORY		21f. LOCATION STREET		CITY OR TOWN	COUNTY	5
deoth result		of the remains describ		TITLE	Inspection nicide , (SPECIFY) istant	Undetermined monner	ond in my opinion DATE	2/28/80
SIGNATURE EXAMINER'S (TYPE OR PRI		Hormez	R. Guard,	, M.D		MEDICAL EXAMINER Penn St. Ball	signedto.,MD 2.	
23g. BURIAL, CREMA	TION, REMOVAL 238			NETERY OR CREMA		23d. LOCATION CITY OR TOWN	COUNTY	STATE
Bu	rial 4	4/3/80	King M	emorial	Park	Baltimore	Co.	MD
24. FUNERAL DIREC		1/0/00	1 2 9			C'D. BY REGISTRAR 256. RE		TUDE

country to the part of the second control of the control of and the second of the second o

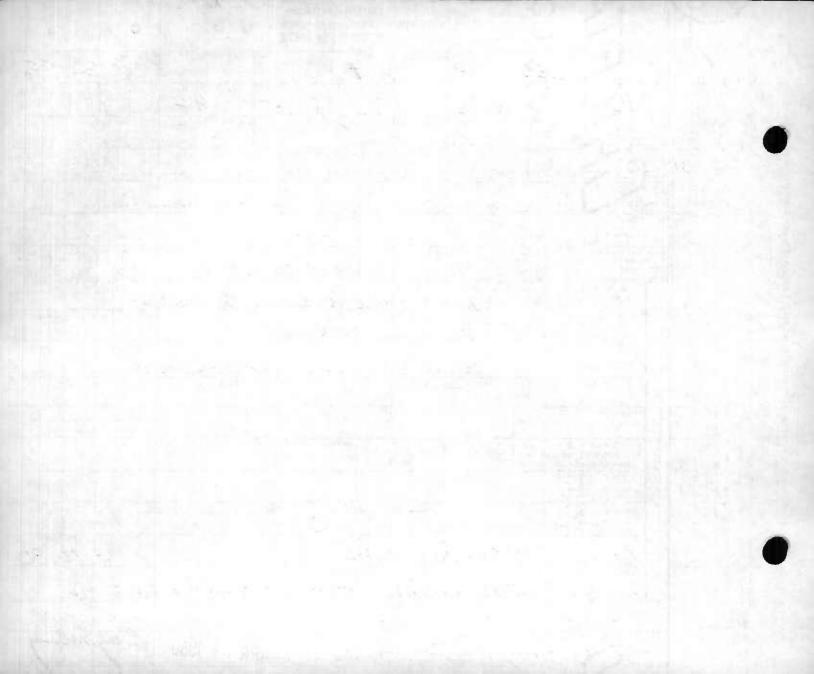
ocician At the Paris	e Asiann		tranot."	
	20 21		TIRY	2,771
			. 7	HALT TAKE
	.016,090.7	DION, OTHER DA	DC 2-7	RALLETANCE
TOPS UNLEASE AVENUE		THE COTAF		IMA
		Cosmand and		2007
There was a second		TERMINA,		
Harris A. A.		NOAT TO AUT		1
A CALLERY TO SEE THE SEE THE SEE	c		OF AM ANN	
, et 1900 100 (100)	c		St All Law	
			S. VII. PAR	

(M)	. DEC	EGISTRAR EASED NAME OR PRINT)	FIRST		MIDDLE	ER'S CERTIFICATE	20. DATE K	REG. NO.	
5 H 7 T	SEX Ma		Robert RACE White	DATE OF BIRTH MONTH DAY	YEAR LAST BIRTHDA	MONTHS DAYS HOURS	ER 24 HRS. 2c. DATE PRONOUNDEAD	MON	3 1319 80 DAY YEAR 2d. HC 1:5
ECESSAR JNERAL FOR YO WITHIN	7a. BIR	THPLACE (STATE	E OR	U. S.	AT COUNTRY?	MARRIED NEVER MAI	RCED Bal	timore C	ity,
A SHEELER A SHEE	Ba	rortownor lltimore	City	16 N	. Gay Street ADDRESS)	or other institution t - on street	120. USUAL OCCUP FOR MOST OF WORK		RK 12b. KIND OF BUSINESS OR INDUSTRY
ANY DANY DANY DOULD COULD	3a. ST	M De	136 COUNT		130 CITY OR TOWN	YES NO	1105 €	PAYETT	E 87.
NA STAN	14. FA	HER'S NAME FIRST	-	WIDDLE	LAST	15, MOTHER'S MAI	DEN NAME	DDLE	LAST
WITH FORM PAGES 1 AN DIVISION OF	(YES	AS DECEASED E	VER IN U.S. ARM	ED FORCES? AR OR DATES)	235-12-4		v	ADDRESS	
XECUTED WITHIN IN PENCIL IN CAL EXAMINER A CAL EXAMINER A LAND MALTRANYI AND MENTAL HYSTON, OR REMOVAL	AND METER AND ME			(b)	AS A CONSEQUENCE C			ns	
CHIEF MEDIN CHIEF MEDIN CHIEF MEDIN CHIEF MEDIN OF HEALTH AL, CREMATI	CERTIFICATION	19e. DATE OF O	PERATION	196. CONDIT	ION FOR WHICH OPERA	TION WAS PERFORMED?		Book	20. AUTOPSY?
THE WO THE WO DULD BE TO BURI	CAL CERT	210. EXTERNAL OUNDERLYING			INJURY MONTH DAY YEAR	116 HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	JRY IN ITEM 18 PART 1 0	R PART 2)
WRII VARD AGE OI P	MEDICAL	WHILE AT WORK	CURRED NOT WHILE AT WORK	21e. PLACE C STREET, FACT UNKN	FINJURY (AT HOME, DRY, FARM, ETC.)	21f. LOCATION STREET unknow	CITY OR TOW	M	COUNTY STA
ECUTE THE CERTIFICATE, OR 4 SHOULD BE FORW CALL DIRECTOR: P. TER DEATH, WITH THE ST. ITIMORE, MARYLAND, 212			that I took charge	courses a	ribed obove, held of	Autopsy XI. Inspective III. In	tion , Inquiry Undetermined ma	nner A,	y opinion STE 3/13/80
PAGE 4 S TO FUNER AFTER DEA		EXAMINER'S NA	Tho	omas D. Si	mith, M.D.		Penn St.	Balti	more, Md.
	-	RIAL, CREMATIC				ETERY OR CREMATORY	123d, LOCATION		



	CHIEF TO THE PROPERTY OF THE PARTY.		
. where a work or the high			
		a with a	
		200	
	. saw Svenci - 48		C
	- P. F. 1 102		
			Capacity III Line a

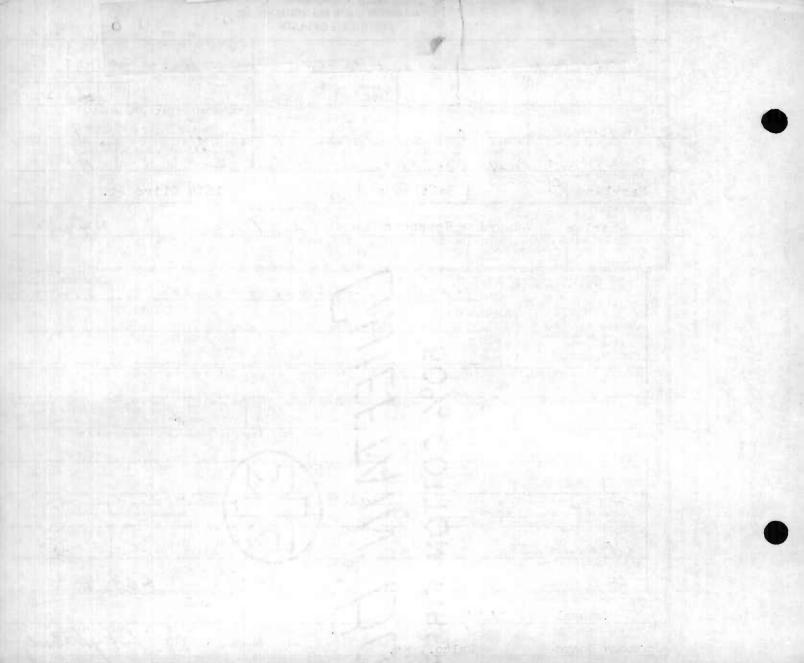
DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1 DECEASED NAME Patrick 20 DATE OF DEATH Hutson Leo TYPE OR PRINTS LEC 3 SEX 4 RACE DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHOAY) 35 TO BIRTHPLACE ISTATE OR FOREIGN CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH NEVER MARRIED U.S.A. Maryland Baltimore City WIDOWED DIVORCED IS CITY OR TOWN OF DEATH 1. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (TYPE OF WORK FOR MOST OF WORKING LIFE) Baltimore City Hospitals Baltimore IBM Programmer Central DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 USUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13e. STREET ADDRESS Baltimore Marvland Dundalk 7508 Rabon Avenue 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST Frederick Julia Hutson Marie 160 WAS DECEASED EVER IN U.S. ARMED FORCES 16b SOCIAL SECURITY NO 17. INFORMANT 557508 Rabon Ave. [YES, NO OR UNKNOWN] I (IF YES, GIVE WAR OR DATES) 218-32-5490 Yes Patricia A. Balto. MD 21222 Korea Hutson APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which MYOCARDIAL gove rise to immediate couse (o), stoting DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 10 CERTIFICATION 0 prior 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? Hygiene NOF YES [NOF 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH ond Mental Hem MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 ō 21d. INJURY OCCURRED 211. LOCATION 21e PLACE OF INJURY morked AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET COUNTY STATE NOT WHILE AT WORK 22a.1 certify that (1) (this hospital) attended the deceased from sow the deceased alive on. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated did did not view the body ofter death 226. SIGNATURE DEGREE Dept ATTENDING MEDICAL be deto e Stote [DIRECTOR PHYSICIAN PHYSICIAN MPORTANT 22e ADDRESS should be with the S 230 BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Sacred Ht.of Jesus Dundalk, Baltimore, MD Burial 24 FUNERAL DIRECTOR Duda-Ruck, Incappress 250. DATE REC'D, BY REGISTRAR 134 PEGISTR DHMH - 16 60M 1/75 (VR A 15 (41) 7922 Wise Avenue, Dundalk, MD 21222



X	FOR	DI	STA PARTMENT OF	TE OF MARYL		IENIE			
1-	STATE REGISTRAR		ICAL EXAMIN			EATH	06/	4 6	
	CEASED NAME FIRS		MIDDLE	LAST	10/112 01 0	20. DATE KNOV	G, NO.	DAY YEAR 76. HOUR	
(TY	PE OR PRINT)	Ahart	Hy	mon		OF EST		6 19 80	
S. SE		5. DATE OF BIRTH	YEAR LAST BIRTHD	ARS IF UNDER 1 YE	R. IF UNDER 24 H		MONTH	DAY YEAR 24 HOU	
	male black	0 40	24 55 _Y	RS. MONTHS DAYS	HOURS MIN	PRONOUNCED DEAD	3	6 19 80 a. A	
F(IRTHPLACE (STATE OR DREIGN COUNTRY)	76 CITIZEN OF WHA	T COUNTRY?	8. MARRIEDXX	NEVER MARRIED	9. BALTIMORE	CITY OR COUNT	Y OF DEATH	
	S.C.	USA	TAL, NURSING HOM	WIDOWED	00		altimore		
	Baltimore	(IF NOT IN SUCH FACIL	ty Hospital ty Hospita			FOR MOST OF WORKING LIF	FE)	12b KIND OF BUSINESS OR INDUSTRY	
JSU.	AL RESIDENCE (IF IN NURSING HOTATE	ME OR OTHER INSTITUTION, GIVE	RESIDENCE BEFORE ADMISS	IONI		Wm. T. Bi	urnetti		
)u. 3	MD 136. CC		Baltimor	YES G	E CITY LIMITS? 13e	2790 Tive	oly Ave	enne	
4. F.	ATHER'S NAME	MIDDLE	LAST		HER'S MAIDEN NA		-1	LAST	
	_		-		ally			Tymon	
()		ARMED FORCES? GIVE WAR OR DATES)	166 SOCIAL SECURIT		RMANT		DRESS		
_	No			Dor	ris Hymo	on 2790 '	Tivoly		
	18 CAUSE OF DEATH (Enter PART I DEATH WAS CAI	ICED BY	or(o),(b),ond(c).) ltiple ini	unica				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
00	8147 IMME	DIATE CAUSE (0)	S A CONSEQUENCE						
-	Conditions, if ony, w	nich							
	gove rise to immed		A CONSEQUENCE	OF .					
	lying couse lost.	(c)							
7	PART 2 OTHER SIGNIFICANT CONDIT		NOT RELATED TO THE TERM	NINAL DISEASE OR CONDIT	TION GIVEN IN PART 1 0	1).			
MEDICAL CERTIFICATION	190, DATE OF OPERATION	19h CONDITIO	ON FOR WHICH OPER	ATION WAS PERF	DPMED?	-		20 AUTORSV	
FIC.	I SALE OF GLERATION	176 CONDITIO	NATOR WITHOUT OF ER	ATION WAS PERFO	JRMED:			20 AUTOPSY Insp.	
ERT	210 EXTERNAL CAUSE WAS			21c. HOW INJUI	RY OCCURRED (EN	HTER NATURE OF INJURY IN I	TEM 18 PART 1 OR PAR		
ALC	UNDERLYING OR CONTRIBUTING CAUSE	(. 0 C D) (2/22 19 8		ian stru	ck by auto	mobile		
EDIC	21d. INJURY OCCURRED		INJURY (AT HOME,	211. LOCATION		CITY OR YOUR	con	UNTY STATE	
2	WHILE AT WORK	xx stree			StNear H	amburgSt.E			
	27a. I certify that I taak charge of the remains described above, held on Autopsy , Inspection XX Inquiry , and in my opinio								
	deoth resulted from:	Sturfal causes . A	ccident XX Su	icide . Hon	micide Ur	ndetermined manner			
	1	Alon	112	TITLE	(SPECIFY)				
	ACTUAL SIGNATURE	7000		M.D. Ass	istant_,	MEDICAL EXAMINER	DATE SIGNEI	3/7/80	
	EXAMINER'S NAME T	Iommon D. Gur	a at L			INSTITUTE.	10.00		
220 0	(TYPE OR PRINT)URIAL, CREMATION, REMOVA	Hormez R. Gua		ADDRESS		nn Street,	Balto,	MD	
₹30.B	Burial	3/11/80		ore Cem		Baltimo:	COUN	MD STATE	
	UNERAL DIRECTOR				25a. DATE REC'D	DEL CITTO	A GISTRAR'S		
W	m. C. March	F/H 1101	E. Nort	h Ave.	MAR 1	2 1980	with the	- Crossy	
					A A RAN A A A A A A A A A A A A A A A A			and the same of th	

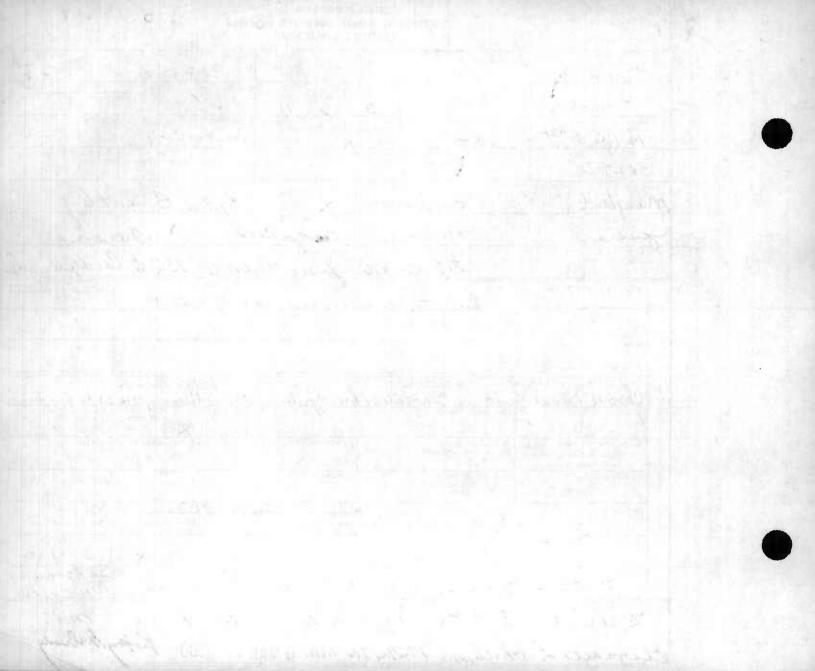
all all of the second AND THE ASSESSMENT OF LIGHTON AND THE PARTY OF THE PARTY

1			1-	FOR STATE REGISTRAR		DEPART	MENT OF H	EALTH AND MENTAL I ICATE OF DEATH	0 0	0 (6 7	47
	1		1. DEC	CEASED NAME FIRST	MIC	DLE	ı	AST	REG.		Y YEAR	26. HOUR
	x 756 /			OR PRINT)			11	1015001		RCH 2	0 1980	157
	6 (19)	186	3 SEX	BABY BOY	4. RACE		5. DATE C	INSON DEBIRTH	6. AGE IN YEARS LAST	CCD	FUNDER I YEAR	IF UNDER 24 HRS
	1	1	3 35/	4	C		MARI	DAY YEAR			DAYS	HOURS MIN.
-	Poge direc		7a. 811	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF W	HAT COUNTRY	8.		9 BALTIMORE CITY			
	oth. 72 h	30		DUNTRY) ARYLAND	usi		WIDOWE	D NEVER MARRIED	7 3 46. 7	MORE	CITY	MD.
	er dec within	-			11. NAME OF HO	SPITAL, NURSI	NG HOME C	OR OTHER INSTITUTION	12a USUAL OCCUP.	ATION	126. KIND (OF BUSINESS OR
_	by the f	43		BALTIMORE		BALL TIL		GEN. HOSB	TYPE OF WORK FOR MOS	IT OF WORKING LIFE)	INDUSTRY	4
MARYLAND 2120	24 hours filled in b		⊌SUA 13a. S	L RESIDENCE (IF NURSING HOME OR TATE 136 COUN	OTHER INSTITUTION, G		RE ADMISSION	134. INSIDECITY LIMITS	5? 13. STREET ADDRES	S Olive S	t.	
N. N.	E >4 =	Thousand .		THER'S NAME	1			15. MOTHER'S MAIDEN				
ARY		07			dward	Upper	nan	FIRST KATH	L 4		HY	NSON
, X		1	160. W	AS DECEASED EVER IN U.S. AR	-	66 SOCIAL SEC		17. INFORMANT		DRESS	10/1	1-0//
BALTIMORE,	n and co	1	IY	ES, NO OR UNKNOWN) (IF YES, GIVE	WAR OR DATES)							
T)	- 0 v e			18 CAUSE OF DEATH (Enter on	ly one couse per li	ne for (n), (h), o	nd (c).)				APPRO:	XIMATE INTERVAL LONSET AND DEATH
8	certificate bing physicial physicial physicial removal.			PART I. DEATH WAS CAUSED	Ď BY:			SPIRATORY	FAILUR	E		his 55 min.
V ST.,				7798 IMMEDIAT	E CAUSE (0)			011-01-1				
W. PRESTON	s that the death ce ed by the attendin slease remove carb rial, cremation, ar			Conditions, if any, which	DUE TO, OR	AS A CONSEQU	ATUR	174				
A	the di			gove rise to immediate couse (a), stating the	(8)							
	thot the by the bose reads of, creater or other			underlying couse lost.	DUE TO, OR	AS A CONSEQU	JENCE OF					
DIVISION OF VITAL RECORDS, 301	ned plec			PART 2. OTHER SIGNIFICANT C	ONDITIONS COM	NTRIBUTING TO	DEATH BUT	NOT RELATED TO THE T	TERMINAL DISEASE OR CO	ONDITION GIVE	N IN PART I	(0)
RDS,	equires an signe Then pl in to bur		NO O				Mr. T					
8	bee bee		CERTIFICATION	19a. DATE OF OPERATION	19b. CONDIT	ON FOR WHIC	H OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, IN CERTIFY	WERE FINDI	INGS USED S OF DEATH?
AL R	hos pe	2	TE	of the Company					YES NO	/	and the last of th	NO 🗌
VIT.	SICIAN: The ng physicic certificate uriol-transit tental Hygie them 18 sho	a	CER	210. ACCIDENT WAS UNDERLYING	1100110 4 44		DAY YEAR	21c. HOW INJURY OC	CURRED (ENTER NATURE OF II	JURY IN ITEM 18, PAR	RT 1 OR PART 2}	
Ö			CAL	OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M		19					
O .	ndin his c bur d Ae		MEDICAL	21d. INJURY OCCURRED	21e. PLACE O	F INJURY	FARM ETC.)	21f. LOCATION STREET	CITY OR	TOWN	COUNTY	STATE
N N	NDING PHYSICIA of a contending p IR: After this certifuse as the buriols dealth and Mental		2	AT WORK ON NOT WHILE ON AT WORK		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, , , , , , , , , , , , , , , , , , , ,			1		
	A Af Af A Se of Se			22a. I certify that (1) (this hospit		deceosed from		19/80 , 19	to			, that (I) (we) lost
	orto To			sow the deceased alive on above, (1) (we) (did) (did no	3/20	fter deoth.	£0, 0	nd that in (my) (our) opin	nion death occurred on the	date and hour		
	OR A be has be best ached be bept.			22b. SIGNATURE		They		DEGREE				ESIGNED
	AL DAL DAL DAL DISTOR		100	Lilysenlan	er .			ATTENDIN PHYSICIA	MEDICAL S	TAFF SICIAN	3/2	0180
	SPIT J by NER be o	1		22d. PHYSICIAN'S NAME ITYPE OF	R PRINT)			22e. ADDRESS		ELEVI DE		
	retained by the TO FUNERAL (should be deta with the State L	5		4 ESCAL &	WIE			SOUTH E	BACTITIOKE	GEI	Y., 10	059.
oh	O# 54 3 3		23a. E	BURIAL, CREMATION, REMOVAL	236. DATE	230	NAME OF C	EMETERY OR CREMATO	ORY 23d. LOCATION CITY OF TOWN	,	COUNTY	STATE
7.51	BP		(Removal	3/27/	80						
	DHMH - 16 25M		24. F	JNERAL DIRECTOR		ADDRESS		25 a.	DATE REC'D. BY REGISTR	AR 25h. REGISTA	AR'S SIGNA	JURE
	(VR A 15 (4)) 5	9/74	Aı	natomy Board	В	alto., I	Md.		MAR 3 1 19	5 PM	144/1	- white

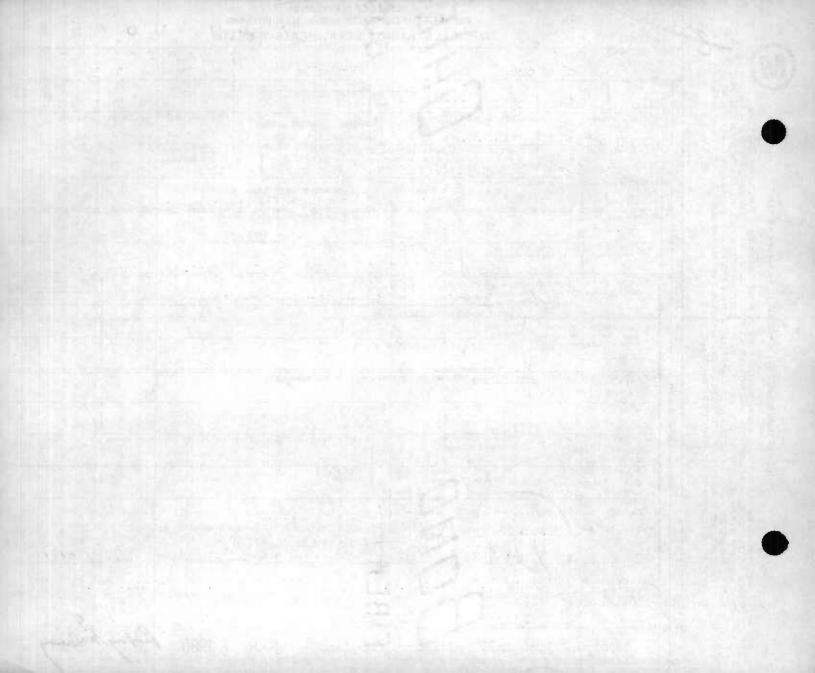


The later of the l

*	1.	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE O 6 / CERTIFICATE OF DEATH	7
	1. DE	REGISTRAR CERTIFICATE OF DEATH REG. NO. ECEASED NAME FIRST MIDDLE LAST ZO. DATE OF DEATH MONTH DAY YE.	AR 2b HOUR
1 7	PE	EDWARDS, INEZ 3/3/80	12 00
	3. SE:		YEAR IF UNDER 24 HRS DAYS HOURS MIN.
7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	7a. BI	BIRTHPLACE ISTATE OR FOREIGN 16 CITIZEN OF WHAT COUNTRY? AMARRIED NEVER MARRIED BOLLTO CITY	Ή
the form		CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 120 KIND OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 KIND OF HOME OF	ND OF BUSINESS OR
1201 ours of		UAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)	
24 hou 21: Tilled in ould be	130.	STATE LIGHT 136 COUNTY Harcity ORTOWN 136 INSIDECITY LIMITS? 136 STREET ADDRESS Grant	ley
within within diletely disthiner	14. FA	FATHER NAME FIRST MIDDLE LAST FIRST MIDDLE	(ST
M b m 25	160	WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 11 DECEMBED ADDRESS	~
IMORE or execution and c. Pages medica		(YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 213-12-0896 Justic Nunn 732 C. Call	Loringden
T., BALT Tificate b physicia npapers. maval. vent, the		18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (b) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Bi AT, Cerebrovascular accelent.	PROXIMATE INTERVAL WEEN ONSET AND DEATH
ON S		436 - DUE TO, OR AS A CONSEQUENCE OF	
PRESTO he deat he atter emove emove emotion.		Conditions, if any, which gove rise to immediate cause (a), stating the DIJETO OR AS A CONSEQUENCE OF	
201 W. P es that th hed by the please rep orial, crem		underlying couse lost	
	Z	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS IN PART	RT 1(0)
RECOR	CERTIFICATION	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 200/IF VERY LINCERTIFYING CAL	INDINGS USED USES OF DEATH?
VITAL RI N: The la systion. cote has ronsit per Hygiene Hygiene	ERTIF	YES YES 218. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18, PART I OR PAR	NO 🗌
N OF VITA SICIAN: T ng physici certificate oriol-fronsi entol Hygis frem 18 sh	EDICAL O	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19	
DIVISION OF VITAL RECORDS, DING PHYSICIAN: The law requir or otherding physicion. After this certificate has been sig e as the burial-transit permit. Ther olth and Mental Hygiene prior to b morked or frem 18 shows any injur	MEDIC	21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK COUNTY AT WORK AT WORK COUNTY 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN COUNTY CO	Y STATE
TTENDIN outol or TOR: Af for use a for use a of Health		sow the deceased alive an 313 19 87 and that in (my) (aur) apinion death occurred an the date and haur and fram	that (I) (we) lost the causes stated
OR A DIRECTOR OR A I I I I I I I I I I I I I I I I I I		obave, (1) (perdid) (did not view the body ofter death. 22b. SIGNATURE 22c. E ATTENDING MEDICAL STAFF 22c. E	DATE SIGNED
		PHYSICIAN DIRECTOR PHYSICIAN 224. PHYSICIAN DIRECTOR PHYSICIAN 224. PHYSICIAN DIRECTOR PHYSICIAN 224. ADDRESS	3/3/80
O HOSPITAL etoined by 1 TO FUNERAL should be de with the Stott		SUJETA SAPSIRI, M.D. LUTHERAN HOSPITAL; B.	II DI WILL INTY
/ S// BP	23a. E	BURIAL/CREMATION, REMOVAL 23B. DATE 3-8-80 Car butus Nem. 13 authorized Country	md STATE
DHMH - 16 50M 1/76 (VR A 15 (4))	24 FU	FUNERAL DIRECTOR Liva beth L. Phielin ADDRESS 721-27N. Menral MAR 7 1980	telling

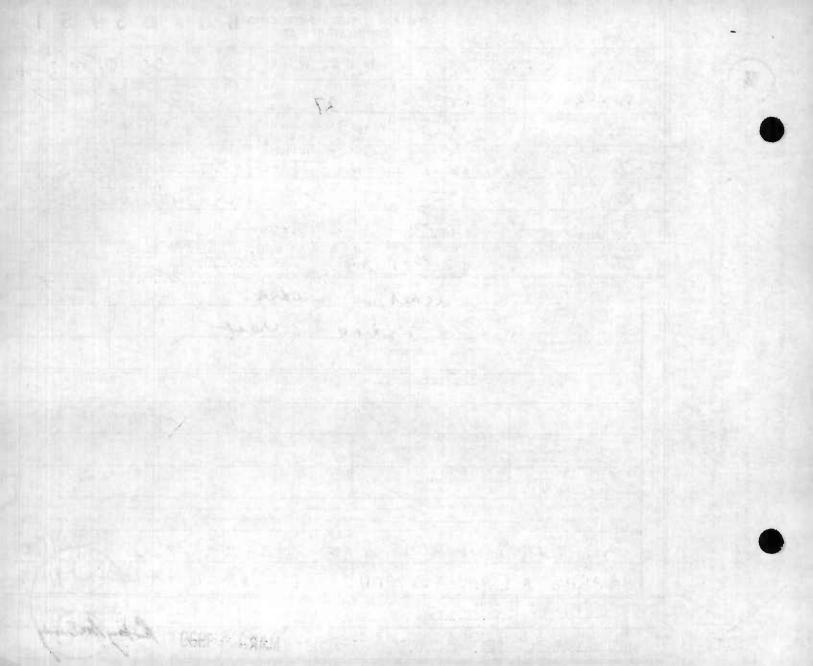


STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE KNOWN X TTYPE OR PRINTS OF ESTI-A Isabella Salvatore 19 80 DATE OF BIRTH & AGE (IN YEARS | IF UNDER 1 YR 4 RACE IF UNDER 24 HRS DATE LAST BIRTHDAY Male White May 18, 1922 DEAD 1980 57 YRS 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH 70 BIRTHPLACE (STATE OR MARRIED NEVER MARRIED FOREIGN COUNTRY Maryland U.S.A. Baltimore City. WIDOWED DIVORCED ID CITY OR TOWN OF DEATH 12g. USUAL OCCUPATION (TYPE OF WORK 112b. KIND OF BUSINESS IL NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY Baltimore City 22nd & Maryland Ave. on street Salesman ISUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 3a. STATE 13h COUNTY Baltimore Maryland NO [2301 Maruland Ave 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE LAST MIODLE Joseph Isabella Josephine 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS MAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) No 215-16-7807 Mr Angelo G Isabella 6022 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a Arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which gove rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19a. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES NO T 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 218 PLACE OF INJURY (AT HOME. 21f. LOCATION STREET, FACTORY, FARM, ETC.) CITY OR TOWN WHILE AT WORK Inspection X and in my opinion 220. I certify that I took charge of the remains described above, held on Undetermined monner death resulted fram TITLE (SPECIFY) ACTUAL M. Deputy ChiefMEDICAL EXAMINER SIGNATURE Thomas D. Smith, M.D. EXAMINER'S NAME 111 Penn St. Balto., MD. TYPE OR PRINT 23g. BURIAL, CREMATION, REMOVAL 1 23b. DATE 73¢ NAME OF CEMETERY OR CREMATORY 23d. LOCATION STATE Holy Redeemer 3/8/80 Burial Baltimore Maryland Leonard J Ruck Inc. Baltimore, Maryland (R A15 ME (5)) 15M 7/76



/-		STATE REGISTRAR		DEPARTA		EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO	0 6 /	5
8 mil	1 DE	CEASED NAME FIRST PER CENTRAL FIRST	V NEII	MIDDLE	IS	BECKBECK	20 DATE OF DEATH	03 1019	PO 2 HOUR 2 - aco M
Adb 97 9	3 SE	male	1 RACE	Rete	5. DATE C	DAY YEAR	6. AGE (IN YEARS LAST BIRT		YEAR FUNDER 24 FARS
deoth. P. unerol #	C	POLAND	u	WHAT COUNTRY?	WIDOWE		Balto.	C TL	TH MD
201 urs ofter by the filled will e notified	B	alto. City	(JOOD)	Samarla	ADDRESS)	ROTHER INSTITUTION	120. USUAL OCCUPATION PROJECTION	WORKING LIFE) INDU	
LAND 2120 iin 24 hours y filled in by should be file	130 3	AL RESIDENCE (IF NUISING HOME OR STATE 13b. COUN	OTHER INSTITUTION TY	GIVE RESIDENCE BEFORE	ADMISSIONI)	13d INSIDE CHY LIMITS? YES ONO	1700 W	APT. 413 lendere	#21239
MARY mark ted with cond 2 ond 2		ABRAHAM	MIDDLE	ISBECK		15. MOTHER'S MAIDEN NAMERIST BRIANA	MIDDLE		NOWN
BALTIMORE, cote be executed to ond copers. Pages 1 vol.	16a V	VAS DECEASED EVER IN Ú.S. ARA YES, NO OR UNKNOWN) (IF YES, GIVE NO	MED FORCES? WAR OR DATES)	213-2		9 XXXXX	HENRIETTA:	XXXX	
ST., BAL ertificate g physici on paper removol.		18 CAUSE OF DEATH (Enter onl PART I. DEATH WAS CAUSED IMMEDIATE	y one couse per BY: CAUSE (o)	line for (o), (b), one	4 4	1700 MERIDE Anoxia	NE DR., API	. 413 BETY	WEEN ONSET AND DEATH
death c death c attendin ave cort stion, or		Conditions, if any, which gove rise to immediate	DUE TO, O	R AS A CONSEQUE	NCE OF	e alle	st-		
es that the red by the please rem rial, cremo, or other th		couse (o), stoting the underlying cause lost	DUE TO, O	r as a conseque	NCE OF				
RECORDS, 21 Ilow requires Ilos seen signes Remit. Then pl Reprior to burnto to see on seen in the pl Reserved to see on seen on the pl Reserved to seen on the pl Reserved to seen on the pl Reserved to seen on the pl Record to see the pl Recor	NOI	PART 2. OTHER SIGNIFICANT C	onditions <u>co</u>	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE OR CONE	DITION GIVEN IN PAR	RT 1(o)
Al Al	CERTIFICATION	190 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATION	WAS PERFORMED	20a. AUTOPSY?	20b IF YES, WERE FI IN CERTIFYING CAU YES	INDINGS USED USES OF DEATH? NO
SION OF VIT. PHYSICIAN: T ending physicial this certificate this certificate the buriol-transi and Amental Hyg d or frem 18 sh		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOUR A	M. MONTH DA	Y YEAR	21c HOW INJURY OCCURRE	D (ENTER NATURE OF INJUR	Y IN ITEM 18, PART I OR PAR	т 2)
k o t e e e	MEDICAL	21d. INJURY OCCURRED WHILE ON THE OF	21e. PLACE (AT HOME, STR	OF INJURY REET, FACTORY, OFFICE, FA	ARM, ETC.)	21f LOCATION STREET	CITY OR TOW	n county	Y STATE
R ATTENDIN hospitol or control of Holling hed for use on the for use or the feet of Holling hem 21 is monthly hem 21 is		22a.1 certify that (1) (this hospite sow the deceased alive on_ above, (1) (we) (did) (did not		19	, on	d that in (my) (our) opinion d	, to eath occurred on the do	te and hour and from	, that (I) (we) lost in the couses stated
PITAL OR. by the house the house detached one detached ANT: If then	188	Pravad A	Ana	garane	_	ATTENDING PHYSICIAN	MEDICAL STAF	F _/ %	PAJE SIGNED
TO HOSPI retoined b TO FUNEI should be with the Si		PRASAD A	- Participation on	CAVAR	non	THE GO	OD SAM	ARITAN	HOSPITAL
75 BP	23a. B	BURIAL, CREMATION, REMOVAL	MAR.12	,1980 NE	W CED	METERY OR CREMATORY AR PARK	23d. LOCATION CITY OR TOWN PARAMUS	BERGEN C	O NJ
DHMH - 16 60M 1/75 (VR A 15 (4))	24 FL	NERAL DIRECTOR SOL L	EVINSON WN RD	& BROS.,	INC.	21215 MAR	EC'8 84980 RAR	Specific and the	Creedy

STATE OF MARYLAND



4	1 -	FOR STATE REGISTRAR	DEPARTI	MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	GIENE 8 ()	06/52
25	DE(CEASED NAME FIRST OR PRINT. BEATRICE	MIDDLE	JACKSON	20 DATE OF DEATH	3 26 80 15 E
	SEX		BLACK	S. DATE OF BIRTH MONTH DAY YEAR O O	6 AGE IN YEARS LAST BIR	THOAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN
70		RTHPLACE ISTANDORFOREIGN TO SOUNTRY). RTH COOL OF LOW A	CITIZEN OF WHAT COUNTRY?		1 BALTIMORE CITY C	DR COUNTY OF DEATH
filed the soft	R	OLTIMORE 11.	(IF NOT IN SUCH FACILITY GIVE STREET	ADDRESS) AUTO HOSP, TAL	TYPE OF WORK FOR MOST OF	ION 126. KIND OF BUSINESS OR INDUSTRY ON &
9 E 9 D	USU/ 130 S	TATE 136 COUNTY	ER INSTITUTION, GIVE RESIDENCE BEFOR		130. STREET ADDRESS.	DAONASON AUE.
Songist Songist	T.	HERISTAME AND MIDDE	Sph/	TAS EPA	ine Alla	ENTE KENNERY
n ond		(AS DECEASED EVER IN U.S. ARMED ES, NO OR UNKNOWN) 118 YES, GIVE WAR		4020 Leslie J	ALKSON 2	ese komunosed
physicio on popers emoval.		18 CAUSE OF DEATH (Enter only of PART I. DEATH WAS CAUSED BY IMMEDIATE CO.	Hellopotano	sive ARTORIO STOROL	to caplio	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
e death ce nove carb nation, or r troumatic		Conditions, if ony, which	DUE TO, OR AS A CONSEQUE	ENCE OF QUEAR dis	ease	Yeaks
that the		gave rise to immediate couse 101, stating the underlying cause last.	DUE TO, OR AS A CONSEQUE	ENCE OF		
e 2 c 2 ×	TION	Diabe	otes Melli	DEATH BUT NOT RELATED TO THE TERM		
The law rician. Ite has bee nsit permit rigiene prio shows any	CERTIFICATION	19a DATE OF OPERATION		OPERATION WAS PERFORMED	20a AUTOPSY? YES NO	20h. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO
74 55 /	MEDICAL CE	21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH D. P.M.	19	RED (ENTER NATURE OF INJU	RY IN ITEM 18, PART OR PART 2)
DING PHY ar attending After this e os the bu olth and M morked or	MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	218 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, I	FARM, ETC.	CITY OR TO	WN COUNTY STATE
ATTEND hospital o hospital o lee for use spt. of Heo tem 21 is m		22a.1 certify that (1) this haspital sow the deceased alive on above, (1) we) (did v did not) vie 22b. SIGNATURE		, and that in (my) four opinion DEGREE	death occurred on the d	ate and have and from the causes stated
F 000 F		22d. BHYS CIAN'S NAME LYPE OR PRIN	Luiz in	D ATTENDING PHYSICIAN [MEDICAL STA	
O HOSE		Octavio a.	KUIZ M.	D. Bon Secou	so Hosp &	St- Balte-Ma
BP	23a. B	June	4.1-80 M	NAME OF CÉMETERY OR CREMATORY	23d. LOCATION ZITY OR TOWN	
DHMH-16 20M (VRA 15, 4) 7/78	7.	Will Llonger 63	8 n/9 1911	w st MAF	R 3 1 1980	25b. REGISTRAR'S SIGNATURE

STATE OF MARYLAND

5

6

A Part of the Control The state of the s The the said to be a second to the said to be a second to the said to the said

LEROY_O._DYETT & SON 4600 LTBERTY HETCHTS AVE

STATE OF MARYLAND

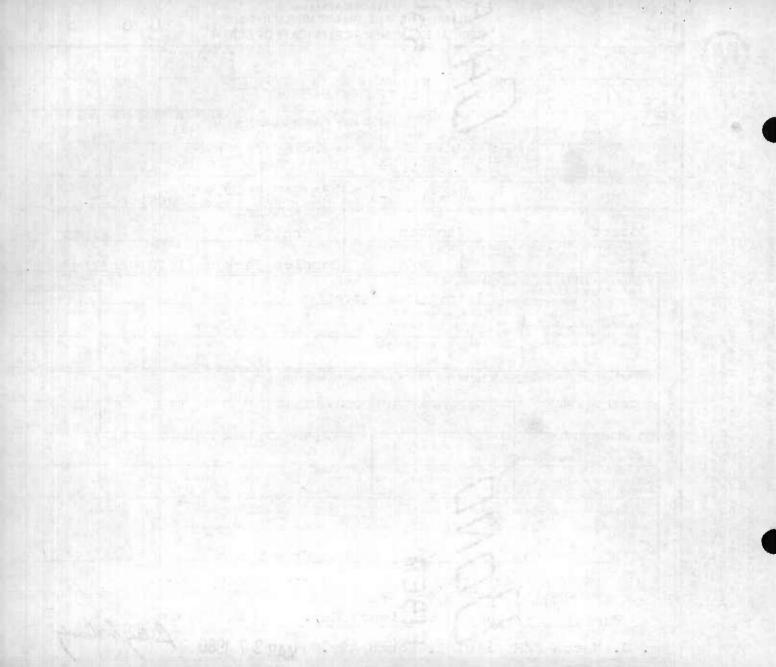
DEPARTMENT OF HEALTH AND MENTAL HYGIENES

FOR

- STATE

MOZDER G. TENED SIDDLEN Ement 192 1 fet dans of all plants of the state of t when the me of rock who the popular and the death and army

2		It	ems lo	8:22a G	543 5/28,	/50 da			ARYLAND AND MEN		IENE			y green	.1
9	_	1-	STATE REGISTRAR		MI				ERTIFICA			REG. NO	6 /	5	4
	(PM)		CEASED NAM	E FIRST		MIDDLE			AST		20. DATE	KNOWN X		DAY YEAR	2b. HOUR
		(14)	PE OR PRINT)	Yvet	te	Y.		Ja	ackson		OF	MATED		2619 80	_ M
	A DE LE	3. SE		4. RACE	5. DATE OF BIRTH	YEAR	6. AGE (IN YEA	RS IF UNI		UNDER 24 H		E NCED	MONTH	DAY YEAR	3 : 54A
	NO N		emale	Black	10 7	58	21 YR				DEAL)		26 19 80	M
	FOR WITHIN	FC	IRTHPLACE (S				IRY?		D NEVE		X	AORE CITY O	_		
	ZEN	10. C	ITY OR TOWN	MD OF DEATH	11. NAME OF HO			, OR OTHE		DIVORCED ON 12a.	USUAL OCCL			KIND OF BU	
	PAGE FILAY		Baltimo:			W. No	rth Av				FOR MOST OF WO	RKING LIFE)		OR INDUST	RY
	2 m 4 0 2 m		TATE	(IF IN NURSING HOME C		13c. CITY	ORTOWN		13d. INSIDE CITY	LIMITS? 13e.	STREET ADDR	ESS			
21201	A L W O U		M	D /		Bal	timor	е		NO 🗆	1510	Regest	ter S	t.	
	AGES 1, 2, A RRM PM 3. R 1 AND 2 SHO	14. F	Robe		MIDDLE	Jack	LAST		FIRST	S MAIDEN N	AME ,	MIDDLE		LAST	
ORE,	FORM FORM	16a. `	WAS DECEASE	DEVER IN U.S. AR	MED FORCES?		IAL SECURITY	NO.	Ber 17. INFORMA	nice		ADDRESS	D.	iggs	
BALTIMORE, MD.	A ≥ T O S	C	NO, OR UNKN	OWN) (IF YES, GIVE	WAR OR DATES)		N/A		Berni	ce Ja	ckson	1510	Rege	ster	St.
, BA				F DEATH (Enter an		ne far (a), (b),	, and (c).)							APPROXIMAT BETWEEN ONS	E INTERVAL T AND DEATH
N ST.,	N 24 HO I ITEM 1 ALONG PERMIT FORENE,	10	30	PARTI DEATH WAS CAUSED BY: 3 0 49 IMMEDIATE CAUSE (o) Intravenous narcotism (DUE TO, OR AS A CONSEQUENCE OF											
PRESTON	E A SE E A		Conditio	ns, if any, which	DUE TO, O	R AS A CON	SEQUENCE (OF .							
W. PR	D WITHIN ENCIL IN AMINER TRANSIT ENTAL HY REMOVA		gave r	se to immediate) stating the under-	(b)	R AS A CON	SEQUENCE O	DF.							
301 V	E X Y X X		lying ca	use last.	(c)										
SDS, 3	SHOULD BE EXECUTED SHOULD BE "PENDING". IN CHIEF MEDICAL E. USED AS A BURITOR OF HEALTH AND / IAL, CREMATION, O		PART 2 OTHER S	IGNIFICANT CONDITIONS	CONTRIBUTING TO DEAT	H BUT NOT RELAT	TED TO THE TERM	INAL DISEASE	OR CONDITION G	IVEN IN PART 1 (c	o).				
DIVISION OF VITAL RECORDS,	D BE EXE ENDING" MEDICAL AS A BU EALTH AN EMATION	CERTIFICATION	In DATE OF	OPERATION	Link Could	1710115001	MUICU OPER	A 710 N I N I		-00					
ALR	HEF USED	FICA	170. DATE OF	OPERATION	198. CONL	II ION FOR V	WHICH OPEK	ATION W	AS PERFORME	:0?				20. AUTOPSY	
T V	ATE SHORD THE CH THE CH LD BE UN AENT OF BURIAL,	EM		AL CAUSE WAS	21b. TIME C			21c. HC	W INJURY O	CCURRED (EI	NTER NATURE OF IN	JURY IN ITEM 18 P	ART 1 OR PART 2	YES X	NO [
O N C	SHOPES)		UNDERLYING	OR OR			DAY YEAR								
VISIO	S S S S S S S S S S S S S S S S S S S	MEDICAL	21d. INJURY	OCCURRED		OF INJURY			TREET		CITY OR TO	OWN	COUNT	Y	STATE
۵	WR WR VAR AGE	-	AT WORK	NOT WHILE D											
	INER: T ICATE, E FORW TOR: P, THE ST ND, 213		22a. I cert	ify that I taak charg	TO THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS	escribed abo	ve, held an	Autaps	<u>у</u> X , і	nspection	, Inquiry	, and	d in my apini	on	
	A T C SE F		death resul	ed from: Natu	ral causes .	Accident	L.J., Sui	icide	Hamicid		ndetermined m	anner,			
	E CERT OULD OULD H, WITH		ACTUAL SIGNATURE	AVV	ANX	De	3575	M	TITLE (SPE		MEDICAL EXA	MINIED	DATE SIGNED_	3/26	/80
	MEDICAL ECUTE THE CONTENT OF THE CON	/	A STATE OF THE STATE OF	1	/	300	1							2/ 5.0	
	MEI GE A FUN		(TYPE OR PR	NT) AIIII	M. Dixon				ADDRESS 11			Balto.	., MD.		
DOK-	PAG PEE	23 o. E	SPECIFY)	TION, REMOVAL		D	altim		COM	Y 23	Baltin	nore	COUNTY	. M	D ^{TE}
0001	BP	24. F	B1	urial	3/31/8	0 B	ar cill	Ore			D. BY REGISTR.		TRAIL A	Bissoles	
	DHMH - 17 (VR A15 ME (5)) 15M 7/76	M	m. C.	March :	F/H 11	01 E.	Nort	h Av	re.	MAR 2	7 1980	prop	7	1	



AND A COMPANY OF THE PARTY OF T

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 2a: DATE OF DEATH MONTH DECEASED NAME 7h HOUR TYPE OR PRINTI JACOBS LLIAM SEX 4 RACE 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTH VEAR HOURS Male Negro 8/19/1942 TE BIRTHPLACE ISTATE OR FOREIGN IN CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED XX COUNTRY Maryland WIDOWED IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 176 KIND OF BUSINESS OR LIE NOT IN SUCH FACILITY, GIVE STREET ADDRESSI. ITYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY HOPKINS Baltimore USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130 STATE
130 COUNTY
130 CITY OR TOWN 134 INSIDE CITY LIMITS? 130 STREET ADDRESS 1010 East Hoffman Street Maryland Baltimore YES X NO [14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE FIRST MIDDLE Gray Field Mamie Jacobs 17 INFORMANT ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES! No 219-38-5642 Mamie Jacobs 1010 East Hoffman Street APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) LANT A Q CHO DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause lost massur PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 IFICATION 206. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES [NO [CERT 710. ACCIDENT WAS UNDERLYING 71b. TIME OF INJURY TIC HOW INJURY OCCURRED (INTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21f LOCATION 214 INJURY OCCURRED 21s. PLACE OF INJURY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.1 CITY OR TOWN COUNTY STATE NOT WHILE WHILE AT WORK AT WORK 80 22a I certify that (1) (this haspital) attended the deceased fram. 80 saw the deceased alive an and that in (my) (aur) opinion death occurred on the date and hour and from the causes stated abave, (1) (we) (did) (did nat) view the bady after death 22b. SIGNATURE DEGREE 22c. DATE SIGNED FUNERAL Could be detach MEDICAL DIRECTOR PHYSICIAN IN PHYSICIAN ORTANT 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22ª ADDRESS 0 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 23b. DATE 230 BURIAL, CREMATION, REMOVAL Baltimore, Maryland (SPECIFY) Burial Mt. Auburn Cemetery APR 3 1980 Fifty Kille 24 FUNERAL DIRECTOR C. March F/H 1101 East North Aye. DHMH-16 25M (VRA 15, 4) 1/79

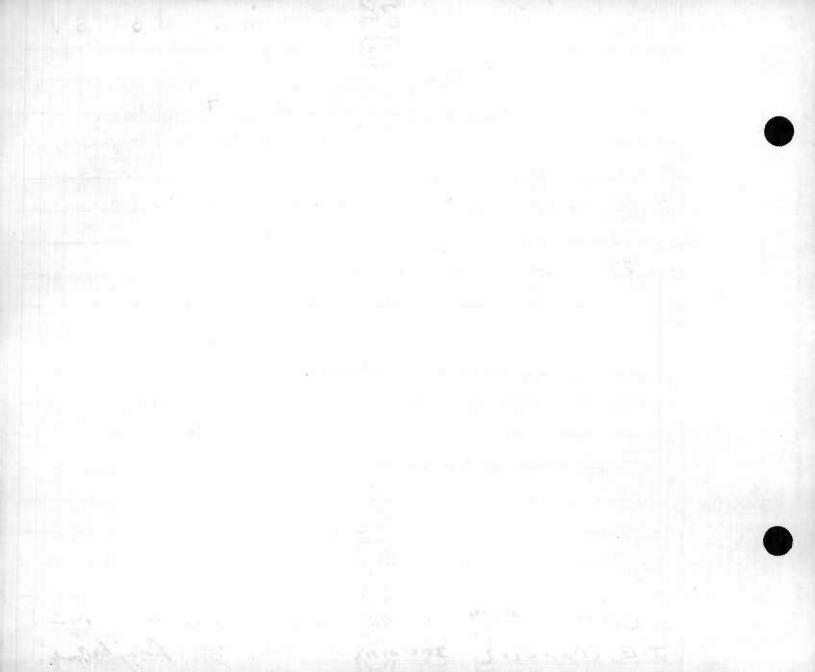
L'acceptation and public Ľи a.

DHMH-16 20M

(VRA 15, 4) 7/78

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. MIDDLE 20 DATE OF DEATH MONTH DAY 26. HOUR 28 80 03 AGE LIN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS YEAR HOURS MIN BALTIMORE CITY OR COUNTY OF DEATH MARRIED A NEVER MARRIED DIVORCED | 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY 1134, INSIDE CITY LIMITS? 13e. STREET ADDRESS 6006/4 15 MOTHER'S MAIDEN NAME MIDDLE LAST ADDRESS APPROXIMATE INTERVAL PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1101 20b. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NON YES | NO | YES 🔲 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) CITY OR TOWN COUNTY STATE and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 6 Em. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION STATE COUNTY CEM ELA 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE NAME ADDRESS 300 MAC

STATE OF MARYLAND

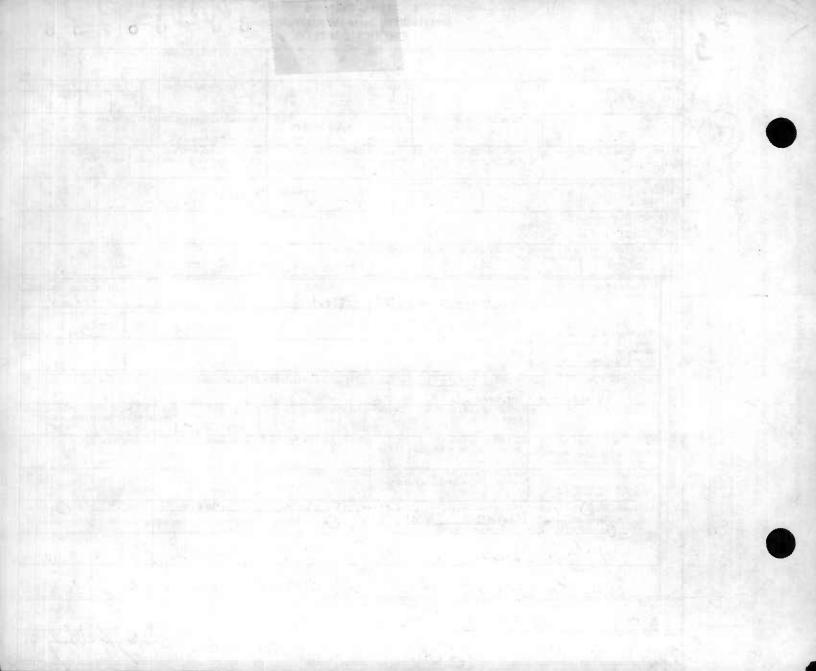


DHMH-16 25M (VRA 15, 4) 1/79

STATE OF MARYLAND

						SINI	E UT MARTIA	עוא						
	1-	FOR STATE REGISTRAR			DEPARTI		ICATE OF D		0 0	O . NO.	6 /	18	8	
		CEASED NAME	FIRST	٨	MIDDLE		LAST	14.04	26 DATE OF DEATH	HIMOM	DAY YEA	AR :	26 HOUR	
	line		arlie		Ja	amis6	1		1	3	15 8	30		AA
	3. SEX	X		4 RACE		5. DATE C	OF BIRTH		AGE (IN YEARS LAST		IF UNDER 1	· ·	IF UNDER 24 HRS	-
		Male		Negr		V MONTH	25	93	76	YRS	S		HOURS MIN.	
0		RTHPLACE (STATE OR FO	DREIGN	71 CITIZEN OF	WHAT COUNTRY?	MARRIE	D NEVER M	ARRIED [BALTIMORE CIT	OR COUN	NTY OF DEAT	Н		
		S.C.		USA		WIDOW		ORCED	Baltim	ore Ci	itv		м	D.
0	100	alto.	ATH	LIE NOT IN SUC	HOSPITAL, NURSIN HFACILITY, GIVE STREET Manorvie	ADDRESSI		TUTION	12a USUAL OCCUP (TYPE OF WORK FOR MO				BUSINESS OF	R
X	USU/ 13a S	AL RESIDENCE (# NURS STATE Md.	136 COU	ROTHER INSTITUTION, NTY	GIVE RESIDENCE BEFORE 134 CITY OR TOW Balto.		134 INSIDE CI	TY LIMITS?	13. STREET ADDRES		ew Rd.		+=	
	14. FA	THER'S NAME						MAIDEN NAM	E					_
D		Unkn		WIDDLE	LAST		Unk		WIDDE			LAST		
1	16a W	VAS DECEASED EVER YES, NO OR UNKNOWN!		E WAR OR DATES)	166 SOCIAL SECU	RITY NO	17 INFORMAN	NT.		DRESS				
Н		No					France	s M. Ja	emison 4	535 Ma	norvie			
		IE CAUSE OF DEAT	H (Enter o	nly one couse per	line for 101, 161, on-	d (ch)					BETW	PROXIM	ATE INTERVAL	
		PART I. DEATH W		TE CAUSE (a)	ardiorespi	rator	4 Arres	ł .			ip	med	liate	
		491-	-		R AS A CONSEQUE	1975	1							
Э		Conditions, if ony,	which	((5)	COPD	ENCEOF					7	10	4	
	70	gave rise to imm	mediate) (6)									1	
		underlying cause		DUE TO, OF	R AS A CONSEQUE	ENCEOF								
		PART 2 OTHER SIGN	VIEICANT	CONDITIONS CO	ONTRIBUTING TO E	DEATH BUT	NOT RELATED	TO THE TERMIN	NAL DISEASE OR CO	ONDITION (GIVEN IN PAR	I No.		=
	Z	2		.^										
_	CERTIFICATION	19a DATE OF OPERA	TION		TION FOR WHICH	OPERATIO	N WAS PERFOR	MED	200 AUTOPSY?	20b. IF	YES, WERE FI	NDING	GS USED	-
2	FFC			1000					YES T NOT	- 4	YES T	JSES C	DE DEATH?	
	ERT	21a. ACCIDENT WAS UND	DERLYING T	7 216. TIME O	FINJURY		121c HOW IN	URY OCCURRE	D (ENTER NATURE OF I			T 21	140	-
7		OR CONTRIBUTING	CAUSE OF DE	HOUR A.	M. MONTH D									
	MEDICAL	(IF EITHER, NOTIFY MEDIC 21d, INJURY OCCURE		21e PLACE		19	211 LOCATIO	N						_
	MEC		HILE ((AT HOME, STR	DE INJURY SEET, FACTORY, OFFICE, F	FARM, ETC	STREET		CITY OR	TOWN	COUNTY		STATE	
	100	22a.l certify that	(this hosp			+Lbts	gary 15	19 80	_ to MAC	トフ	19 80		na (II) (we) lo	st
7	30	sow the decease	ed olivers	March '		0 0	nd that in m	our) opinion di	eoth occurred on th	a dote and I	hour and from	the co	ouses stoted	
		276 SIGNATURE	/	/ // //	/		DEGREE				22c. D	ATE S	IGNED	_
		111	Alla	Dente	an in			TENDING HYSICIAN	MEDICAL S	TAFF SICIAN	- :	3/1:	5/80	
2		224. PHYSICIAN'S N	AME ITYPE	OR PRINT!		14000	22e ADDRESS	-	0	-5	- /	1		
1		WAL	TER	BEND	er m	1.5	601	N. Sroad	lay Ba	110	ml Z	-12	205	
	23a. B	BURIAL, CREMATION,	REMOVAL			NAME OF C	EMETERY OR C	REMATORY	23d LOCATION CITY OF TOWN	THE	COUNTY		STATE	
		Burial	1711	3/22,	/80 5	St. Ja	mes AME				9	s.	C.	
	24. FU	UNERAL DIRECTOR			ADDRESS			250. DATE	REC'D. BY REGISTR	AR 256. PM	3/42/19	SA AN	Mooly	
	9.	Wm C Marc	h F/F	1	1101 E.	North	Δτε	MAI	R 2 0 1981	1	/		1	

1101 E. North Ave.



DIVISION OF VITAL RECORDS,

STATE OF MARYLAND

community, committee and the .3.2.0 indicate learned benefit as promiting of the balto. A life will a second of the contract of the cont roam vet einst gomevett as off . The market . . That in an area to be as a February 25,1980 Foluma - Colectons. as to the total to the sound of urcic so.r., u.D. Bunial 7/15/80 Coder cill Eros Lin Ales Lin Charles n. Alos 1900 Lutaw Blace Sangaran 1987

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENES

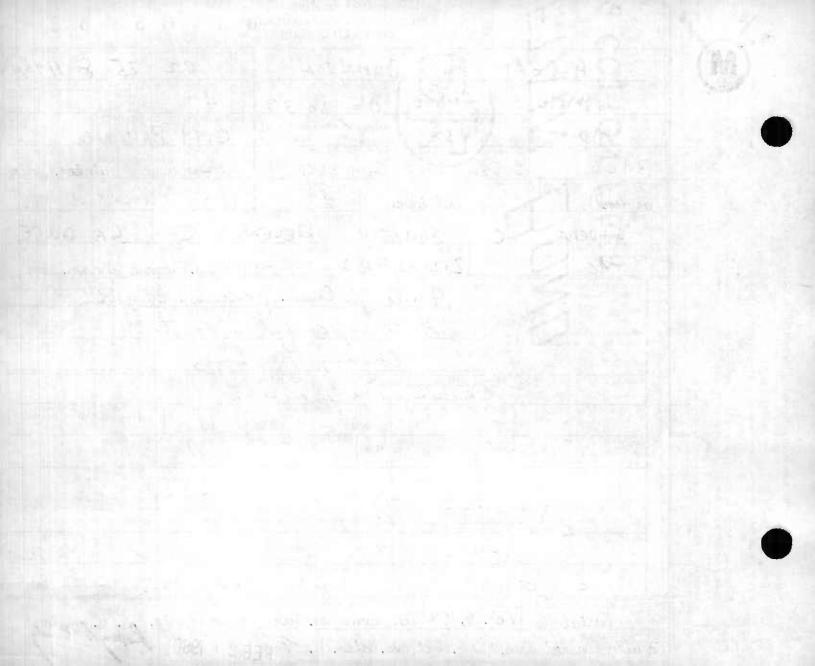
FOR

- STATE

1214.55 12 61 10 68 101 AND STORES OF THE PARTY OF THE Charge and the contract of the Old A.A. Millowith & 300 Obracht All Tentins theme beauty 10 - 21510 1084 1/2 Lan 192 Earling - 500 13 Sylvaning that tracement of the land Andrew of Polymers of Training

	/1	It	ems 11 g542 4	/18/80 g	ij	STATI	OF MARYL	AND				, 1
N		1.	FOR STATE REGISTRAR		DEPART		EALTH AND I	MENTAL HYG DEATH	REG. N	0.	6 /	0 1
a (M)			EASED NAME FIRST	lliam	MIDDLE	Jig	get	ts	2e. DATE OF DEATH	MONTH DA	8-80	26. HOUR 2
4 may		3 SEX		4 RACE	1-	5 DATE O		9 ^{VEAR}	6. AGE (IN YEARS LAST BIR		FUNDER 1 YEAR	HOURS MI
Page Page		1- 01	Male	Blac			10	97	82	YRS		
death.	10	N.	Carolina	U.S.	A •	MARRIED	NEVER A	VORCED	Baltimore city of Baltin			
by the fued within	39		Baltimore	(IF NOT IN SI	HOSPITAL, NURSII OCHFACILITY, GIVE STREET Lant Hosp	ADDRESS)	R OTHER INST	NOITUTION	12a. USUAL OCCUPAT (TYPE OF WORK FOR MOST (126 KIND OF INDUSTRY	BUSINESS
within 24 ho tely filled in should be fill examiner my	35		RESIDENCE (IF NURSING HOME TATE 136 CO	OR OTHER INSTITUTIO	Balto.	RE ADMISSION) VN	134. INSIDE C	ITY LIMITS?	13 STREET ADDRESS 2327 Brya	ant Av	enue	
with tely shou			THER'S NAME					MAIDEN NA				
omple and 2	0		ill ^{'''sī}	WIDDLE	Jiggett			roline	ADDR		Davi	S
te be exe ian and c Pages 1	1		AS DECEASED EVER IN U.S. ES, NO OR UNKNOWN) Yes. W	ARMED FORCES?	166 SOCIAL SECT	URITY NO	Berni		ker 3504			K AVE
The law requires that the e has been signed by the attempt. Then please remove ene prior to burial, crematis from prior to burial, or other	G	CERTIFICATION	gave rise to immediate cause ioi, stating the underlying cause last PART 2 OTHER SIGNIFICAN 19a DATE OF OPERATION	T CONDITIONS S	OR AS A CONSEQUE	DEATH BUT			INAL DISEASE OR CON	20b. IF YES,	WERE FINDING	GS USED
tian: Tian. ricate his pernasit pernasit pernasit pernasit pernasit pernasit pernasit pernasit an 18 sho	/	ET I		4.4					YES NO	YES		NO 🗌
PHYSICIA g physicial this certific urial-transit Mental Hy	9		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF LIFETHER, NOTHY MEDICAL EXAMIN	DEATH HOUR	OF INJURY A.M. MONTH D P.M.	AY YEAR	21c HOW IN	JURY OCCURE	RED (ENTER NATURE OF INJU	RY IN ITEM 18, PAR	T 1 OR PART 2)	
DING PHYSICIAN Itending physician. After this certificat as the burial-transic pt and Mental Hygi marked or Item 18		MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE (AT HOME, S	OF INJURY TREET, FACTORY, OFFICE,	FARM, ETC)	211 LOCATIO	00	CITY OR TO	wn	COUNTY	STATE
TOR: Use a Use a I Heal			220.1 certify that (If (this has saw the deceased alive abave, (I) (we) (did) (did) 226. SIGNATURE	on 3 >	20 19		DEGREE	TTENDING _	death occurred on the d	FF	-	
TO HOSPITALON Aretained by the hospital TO FUNERAL DIRECT Should be detached for with the State Dept. of IMPORTANT: If Item				eva	doss		220 ADDRES		dent-	REH	BILK	te_
24BP		1.5	URIAL, CREMATION, REMOV PECIFY) Urial	AL 236. DATE 4-2			METERY OR		23d LOCATION CITYOR TOWN Balti		OUNTY	Md.
1 51		24 FU	NERAL DIRECTOR	700 20		TTIMO	re Na	tigna	REC'D. BY REGISTRAR		AR'S SIGNATU	
OHMH-16 25M (VRA 15, 4) 1/79		C	HARLES A. R	ICE	1300 E	utaw	Pl.	AP	R 2 1980	Birt	my Arel	Rue

and tonge . E TO THE STOR IT SE owney. cremt went works uniforst street, Damica lerior 1904 topost tark live. -Parties remaining the second of the second OFM RIGHT REDE TO LING BESSMER. . . . APR 2 THOU LESS AND LANG. .



DHMH - 16 60M 1/75

(VR A 15 (4)) Anatomy Board

FOR

REGISTRAR

- STATE

Removal

23b. DATE

230 BURIAL, CREMATION, REMOVAL

24 FUNERAL DIRECTOR

Balto., Md.

4/3/80

23¢ NAME OF CEMETERY OR CREMATORY

23d. LOCATION

CITY OR TOWN

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

26 HOUR

15

REG. NO

KIND OF BUSINESS OR

(TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY 13e STREET ADDRESS 3515 Liberty

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

Jahnson

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO []

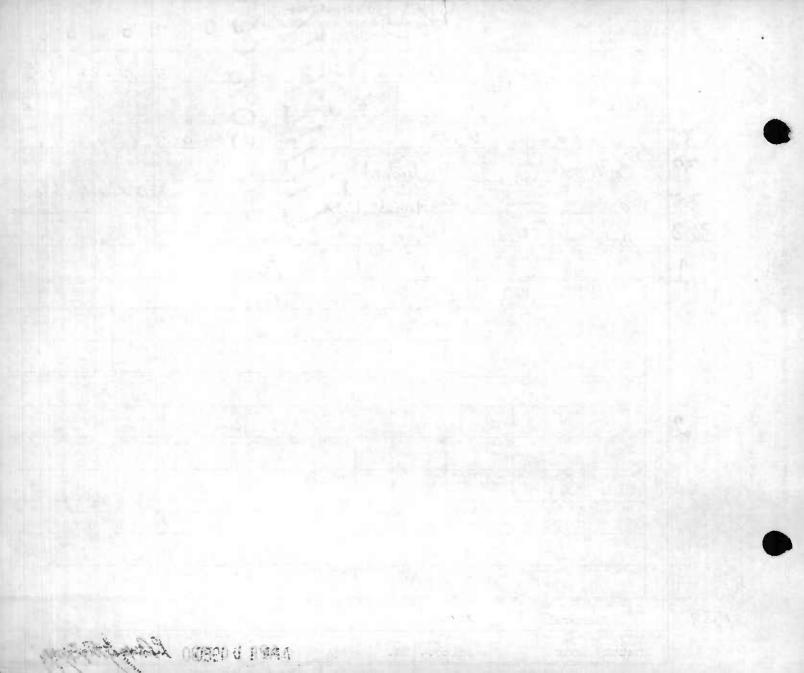
COUNTY STATE

and that in (my) (our) opinion death accurred an the date and hour and fram the causes stated

22c DATE SIGNED

COUNTY

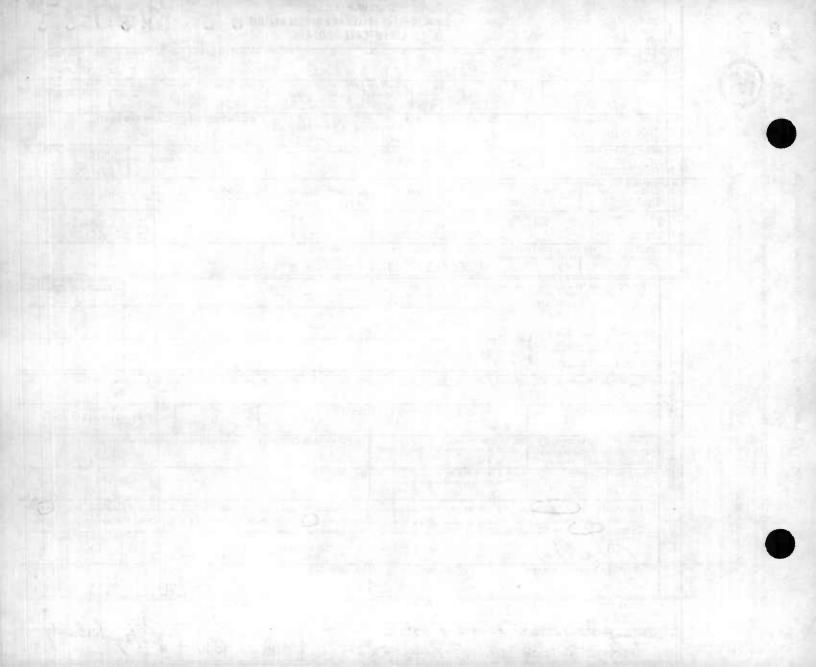
STATE



25.77	negr .29, 1980		and the state of	12.3
	45	000. 3, 1895	80 Å.	e.Lone l
	The promises	I I	A E U	bmolyne
-1	elimenron	6,320	THE TWO MOST WAR	=30/LJ151
t beat	unios .; QL		Enth.com	مان لما الم
	23.	2476	5 26.	
Appet em	lob .5 7 8 mebyra	· LOLING	21 74 92	0.
289	Made	1950	forward of	ow l
3/18/20	×××	(In	Casiford .	10 N
The state of the s	1991 9 700		trend 1, 1960 1	is into

1

. HYA



P J May		g erinti		
	nest , a saug			
and anomalian			nalion	č, 1210.
				milifus
a eld maries vi		antidat o		lour largett
		JJAhmeet		
SHE SOURCE INCOME VEHICLES OF THE SECOND	. F organizati			- 27
# brookfai				
make Light to produce a	10515 I	shie P. Josha dy	.00 13904	

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO MIDDLE 2e DATE OF DEATH DECEASED NAME MONTE (TYPE OR PRINT) ISREAL SR. 3 SEX 4 RACE AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR 5. DATE OF BIRTH ONTHS DAYS 50 Male Negro 60 TO BIRTHPLACE ISTATE OR FOREIGN **BALTIMORE CITY OR COUNTY OF DEATH** 7% CITIZEN OF WHAT COUNTRY? COUNTRY S.C. MARRIED NEVER MARRIED USA WIDOWED IS CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 12h KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY Baltimore USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE REPORT ADMISSION. 2202 Prentiss Place 13e STATE 1136 COUNTY Baltimore MD YES IN NO [15 MOTHER'S MAIDEN NAME 4 FATHER'S NAME MIDDLE FIRST MIDDLE Matthew Ellen Isreal Johnson ADDRESS MAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (IF YES, GIVE WAR OR DATES) (YES, NO OR UNKNOWN) Yes 250-28-0119 Mary A. Johnson 2202 Prentiss Place If CAUSE OF DEATH (Enter only one cause per line for tail/tbi, and icy PART I. DEATH WAS CAUSED BY DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20h. IF YES, WERE FINDINGS USED 200 AUTOPSY IN CERTIFYING CAUSES OF DEATH? NOF NO [YES 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 211 LOCATION 214 INJURY OCCURRED 21 R. PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE AT WORK AT WORK 220 I certify that (I) (this haspital) attended the eccased fram. saw the deceased alive an 3/3 above, (I)(we) (did) (did not) view the body after death. and that in (my) (aur) apinian death occurred on the date and havr and from the causes stated 221 DATE SIGNED DEGREE STAFF ATTENDING MEDICAL DIRECTOR PHYSICIAN PHYSICIAN 22ª ADDRESS O FUNE outd be d ith the St 224 PHYSICIAN'S NAME (TYPE OR PRINT) 23d LOCATION 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, REMOVAL MD STATE Laurel COUNTY 3/21/80 Pk. Md. Nat. Mem. Burial 24 FUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE **DHMH-16 25M** 1101 E. North Ave. March F/H (VRA 15, 4) 1/79

107 To the second second of the second second of the second second of the second se which is the control of the control of the same of

6	1.	FOR STATE REGISTRAR	(i)		ENT OF HE	OF MARYLAND ALTH AND MENTAL CATE OF DEATH	L HYGIENE	() REG. NO	John 0 6 0.	16	9
Je 3		CEASED NAME AKRA	JOHN TO	ClA	50%	INSON		ATE OF DEATH	3/17	180 P	HZ9 M
ge 4 may to for, page fifter dear i.e.	3 SE	x ale	1 RACE black		S. DATE OF	BIRTH 30/01 YEAR		78			FUNDER 24 HRS
fied the party of	C	RTHPLACE (STATE OR FOREIGN OUNTRY) Carolina	U.S.A.	AT COUNTRY?	MARRIED WIDOWED			3917		RE C	ITYMD
by the fue of within		altimore		SPITAL, NURSING	G HOME OF	HOSOTT	N 12a. U	SUAL OCCUPATE OF WORK FOR MOST O		126 KIND OF I	BUSINESS OR
in 24 ho	130 5	AL RESIDENCE (IF NURSING HOME OF STATE 136 COULD	ROTHER INSTITUTION, GN NTY	Balto	ADMISSIONI	34. INSIDE CITY LIMIT	TS? 13e. S	1818 P	oplar	Grove	St.
mpletely ind 2 shou	14. EA	James	~~Johnso	n LAST		s. MOTHER'S MAIDE	NAME		hnson	LAST	
be exected and control and con	(VAS DECEASED EVER IN U.S. AR	MED FORCES? 161	77-12-		Elizabet	th Joh	nson)		oove)	
THE ON JOHN of the the death certificate d by the attending physician ase remove carbon papers. P al, cremation, or removal. y, or other traumatic event,		PART I. DEATH WAS CAUSE WMEDIA Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR A	S A CONSEQUE	work here of	oma thy, po	ssul	le mi		NTWEENON?	YE INTERVAL SET AND DEATH
e law requir s been signer iit. Then prie ws any injur	CERTIFICATION	PART 2 OTHER SIGNIFICANT	s. toxic	ity	Ner	OT RELATED TO THE	200	AUTOPSY?	20b. IF YES, V	WERE FINDING	S USED F DEATH?
DING PHYSICIAN: The trending physician. After this certificate has she burial-transit perm th and Mental Hygiene marked or Item 18 sho	MEDICAL CER	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M.	MONTH DA	YEAR	21c HOW INJURY OF	CCURRED (E	NTER NATURE OF INJUR	Y IN ITEM 18, PAR	FFOR PART 2	
ENDING Proving	MED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF (AT HOME, STREET,	INJURY FACTORY, OFFICE, FA	ARM, ETC)	211 LOCATION STREET		CITY OR TOW		COUNTY	STATE
TTTE tal or CTOP or use of Hee		220.1 certify that (1) (this hasp sow the deceased alive or above, (1) (we) (did) (did no 22b. SIGNATURE	3	19_		that in (my) (our) op EGREE		occurred on the do	ite and havr o		
TO HOSPITALOR / retained by the hospi TO FUNERAL DIRE should be detached if with the State Dept.		22d PHYSICIAN'S NAME (TYPE OF KAREN	OR PRINT)	Iton		PHYSICIA 220 ADDRESS Johns Hon	AN DIRE	Hopital	IAN 🗷	13117	180
BP		BURIAL, CREMATION, REMOVAL SPECIFY Urial	3/22/8	-11 - 12%		METERY OR CREMAT		LOCATION CITY OR TOWN		утии	STATE
DHMH-16 25M (VRA 15, 4) 1/79	24 F	uneral director Charles A. I	A 15			250	A COL 1) A	Prince D. BY REGISTRAR		R'S SIGNATUR	

Rale black 3/30/01 76

S. Laroline U.... X

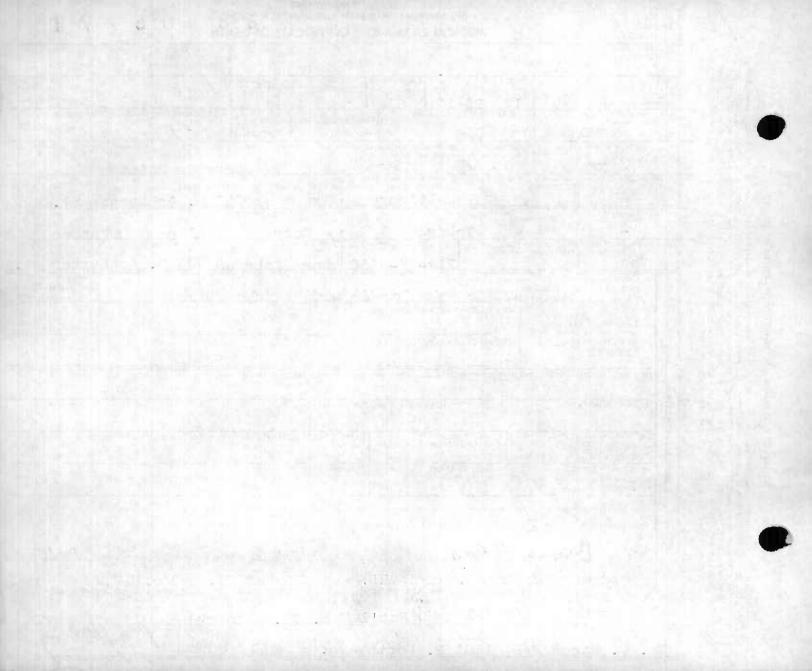
Salti ore Salto. X 1810 relar prove the salto. Salto companion of the salto.

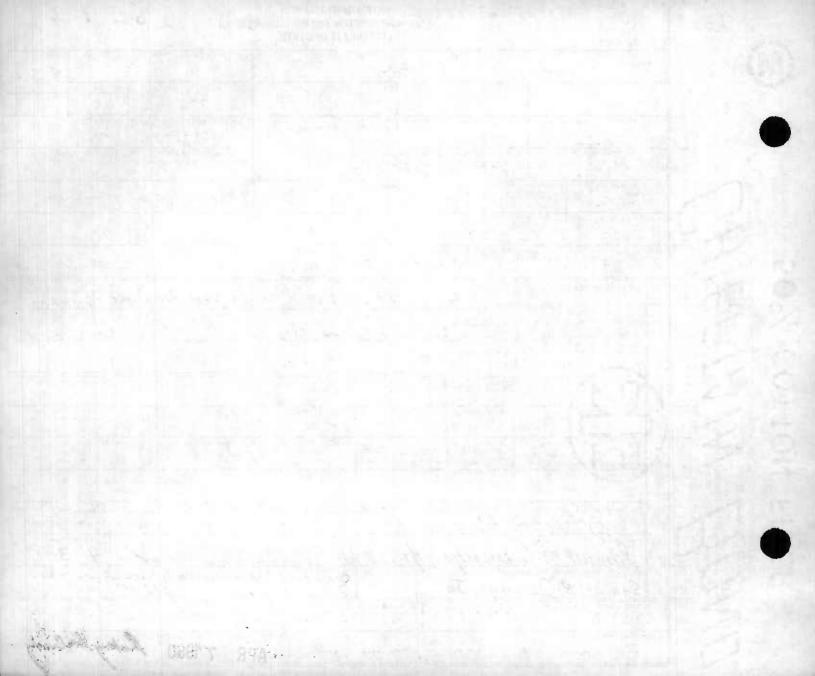
Domes women arms volumen to salto.

Shets) S/32/80 sur onv Jam. cinco sec. so.

- containing the second to the second to here a felici from Livelug H. 7401 Betwie Rd.

	STATE OF MARYLAND	
1 - STATE	DEPARTMENT OF HEALTH AND MENTAL HYGIENE	06771
REGISTRAR	MEDICAL EXAMINER'S CERTIFICATE OF DEAT	H REG. NO.
1. DECEASED NAME FIRS	T MIDDLE LAST 21	B. DATE KNOWN X MONTH DAY YEAR 25. HOL
	oyd W. Johnson	DEATH MATED 3 2519 80
3. SEX 4. RACE	5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 2	C. DATE MONTH DAY YEAR 24 HOU
Male Bla	-1-	RONOUNCED 3 25 19 80 D M
7a. BIRTHPLACE (STATE OR	76 CITIZEN OF WHAT COUNTRY?	BALTIMORE CITY OF COUNTY OF DEATH
FOREIGN COUNTRY)	USA WIDOWED DIVORCED	Dallimana Oita
10 CITY OR TOWN OF DEATH		Baltimore City, MI
	(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	OST OF WORKING LIFE) OR INDUSTRY
Baltimore	902 Ashburton Street Spa:	rrows Point
130. STATE 13b. CC		ET ADDRESS
MD	Baltimore YES № □ 90	2 N. Ashburton St.
14. FATHER'S NAME	MIDDLE LAST 15. MOTHER'S MAIDEN NAME	MIDDLE LAST
_	Johnson Mary	Allen Waters
160. WAS DECEASED EVER IN U.S.		ADDRESS
Yes.		n 902 N. Ashburton St.
	r anly one cause per line for (a), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DADT I DE ATU MAS CA	ISED BY	
1/2/2 IMME	DIATE CAUSE (c). Arteriosclerotic cardiovascular (DUE TO, OR AS A CONSEQUENCE OF	oisease
Canditians, if any, w		
gove rise to immed	iate (b)	
cause (a) stating the <u>un</u> lying cause last.	DUE TO, OR AS A CONSEQUENCE OF	
	(c)	
	IONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).	
o l		
190. DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?
i i		YES NOTE
190. DATE OF OPERATION 210 EXTERNAL CAUSE WAS		ATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)
S 1214 INJUIDY OCCUPPED	1712 PLACE OF INTERPY CATHOUS 1715 LOCATION	
WHILE NOT WHILE AT WORK	STREET, FACTORY, FARM, ETC.) STREET	CITY OR TOWN COUNTY STATE
AT WORK AT WORK		
	harge of the remains described above, held an Autopsy , Inspection X.	Inquiry , and in my apinian
death resulted fram:	latural causes X, Accident , Suicide , Homicide , Undeter	rmined manner
1	TITLE (SPECIFY)	
SIGNATURE DVIC	ma Zhola M.D. Assistant MEDIC	CALEXAMINER DATE SIGNED 3/26/80
	Trimming T Dollars To	
EXAMINER'S NAME (TYPE OR PRINT)	Virginia L. Dolan, M.D. ADDRESS 111 Penn S	t. Balto., MD.
The state of the s	1001.2	CATION
23a, BURIAL, CREMATION, REMOV		CATION COUNTY STATE
	3/20/00 MD NT 117 CITY O	R TOWN COUNTY STATE
23a BURIAL, CREMATION, REMOV	3/29/80 MD Nat'l Mem. Pk. La	TROWN COUNTY STATE UTCL MD REGISTRAR 25b. REG TRAR'S SIG ATUAL





STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO MIDDLE LAST 28. DATE OF DEATH MONTH 2h HOUR 1. DECEASED NAME TYPE OR PRINT) Sherman Johnson 1980 March IF UNDER 1 YEAR IF UNDER 24 HRS 3. SEX 4 RACE 5. DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) MONTHS DAYS 79 Male Negro 110 13 BALTIMORE CITY OR COUNTY OF DEATH 7a BIRTHPLACE ISTATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY Baltimore City MD USA WIDOWED DNORCED T ID CITY OR TOWN OF DEATH W. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 12h KIND OF BUSINESS OR The Johns Honk (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Hopkins Hospital Baltimore Infant USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130. STATE
130. CITY OR TOWN 13a STREET ADDRESS 134 INSIDE CITY LIMITS? 4828 Claybury Avenue YES X NO [MD Baltimore 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE Ronald Johnson Jean Johnson ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) Jean Johnson 4828 Claybury Avenue No BELL APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b) and (c). PART I DEATH WAS CAUSED BY mon any AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIGHT CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20h IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? Mone NO [] NOL YES 🗌 HUZ 71a ACCIDENT WAS UNDERLYING 71h TIME OF INJURY 21c HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH JIF EITHER, NOTIFY MEDICAL EXAMINER) 211 LOCATION 21d INJURY OCCURRED 21a PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE AT WORK AT WORK OE 22a.1 certify that (1) (this haspital) attended the deceased from ... and that in (my) (our) opinion death occurred on the date and hour and from the causes stated sow the deceosed olive on. obove, (1) (we) (did) (did not) view the Body ofter death DEGREE 22c. DATE SIGNED 221 SIGNATURE ATTENDING resident MEDICAL DIRECTOR PHYSICIAN PHYSICIAN 22ª ADDRESS 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23a. BURIAL, CREMATION, REMOVAL 236 DATE MD Baltimore COUNTY (SPECIFY) 3/29/80 Burial Baltimore Cem. 256. DATE REC'D. BY REGISTRAR 25h. REGISTAR'S SIGNATURE 24 FUNERAL DIRECTOR **DHMH-16 25M** 1101 E. North Ave. C. March F/H (VRA 15, 4) 1/79

Florence Tolance Tolance 12:28:1 N

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME 20. DATE KNOWN XX MONTH 2h. HOUR (TYPE OR PRINT) ESTI-10, 80 DEATH MATED VIRGINTA HOHNSON 3. SEX 4. RACE DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED female. black 1980 15 1929 50 DEAD FOR YO 7b. CITIZEN OF WHAT COUNTRY? 70. BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) USA S.C. WIDOWED DIVORCED Baltimore City PAGE S E FILED, V IO. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a. USUAL OCCUPATION (TYPE OF WORK 112b. KIND OF BUSINESS OR INDUSTRY IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Baltimore Disabled 1617 Olive Street 3. RETAIN PASHOULD BE P USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 13c. CITY OR TOWN 13e. STREET ADDRESS 21201 13b. COUNTY 13d. INSIDE CITY LIMITS? NO [] 1617 Olive Street Balto P.M. 3. 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE OF VIT FIRST Christian Daisy 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT **ADDRESS** DIVISION (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 48 1230 Shelia McCrady 1522 W. Lanvale 231 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Arteriosclerotic cardiovascular disease IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF AND ME lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 [0] CERTIFICATION 19g, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? E, WRITE RWARDED TO TO PAGE 3 SHOULD BE USE PAGE 3 SHOULD BE USE TATE DEPARTMENT OF P YES NO X 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH P.M 21d. INJURY OCCURRED 21e. PLACE OF INJURY (ATHOME, 21 LOCATION STREET, FACTORY, FARM, ETC.) STREET STATE WHILE CITY OR TOWN COUNTY NOT WHILE AT WORK 21201 DIRECTOR: P 220. I certify that I took charge of the remains described above, held on Autopsy deoth resulted from: Natural causes Undetermined manner TITLE (SPECIFY) ACTUAL EXECUTE THE C PAGE 4 SHOU TO FUNERAL DAFTER DEATH, BALTIMORE, MA DAssistant 3-11-80 SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME Margarita A. Korell, M.D. (TYPE OR PRINT) 236. LOCATION 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY STATE COUNTY Burial 3 - 14 - 80Auburn Cem. Baltimore Md 250. DATE REC'D. BY REGISTRAR 25b. RED ISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR **DHMH - 17** (VR A15 ME (5)) Balto Brown Son 15M 7/77

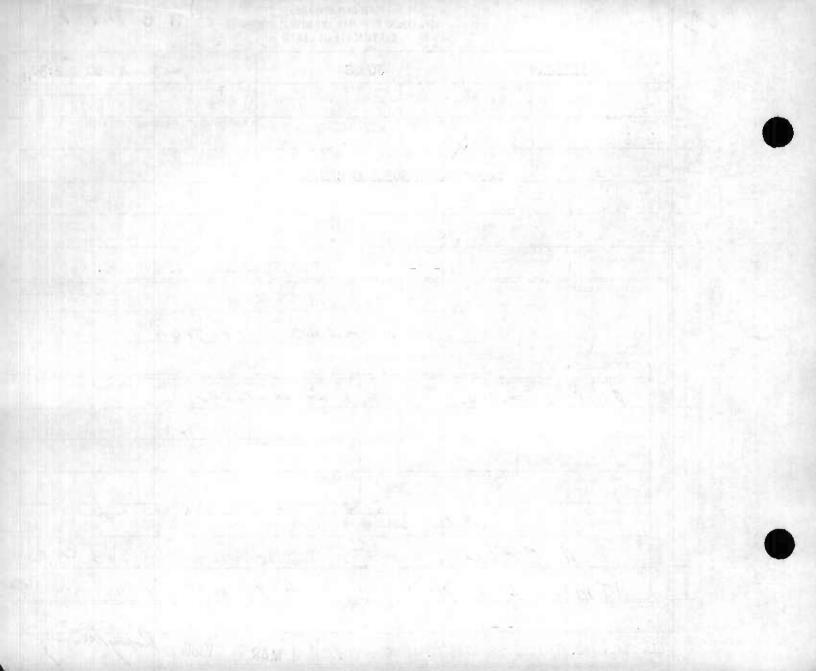
onned zniesnymologicz dance pochaża a

See The Control of th Actale Dec. 50, 1907 X and a second point of the X Maria Bilka I Haya narun William Bara I Maria ind. | --- Relvicace x 215 E. Estavoscomment worner de Brien d'Ing North Addition of the continuation and the continuation of the con root search file Buriol , yels for Louges and Camelons - Bull ord, Mary Land 2

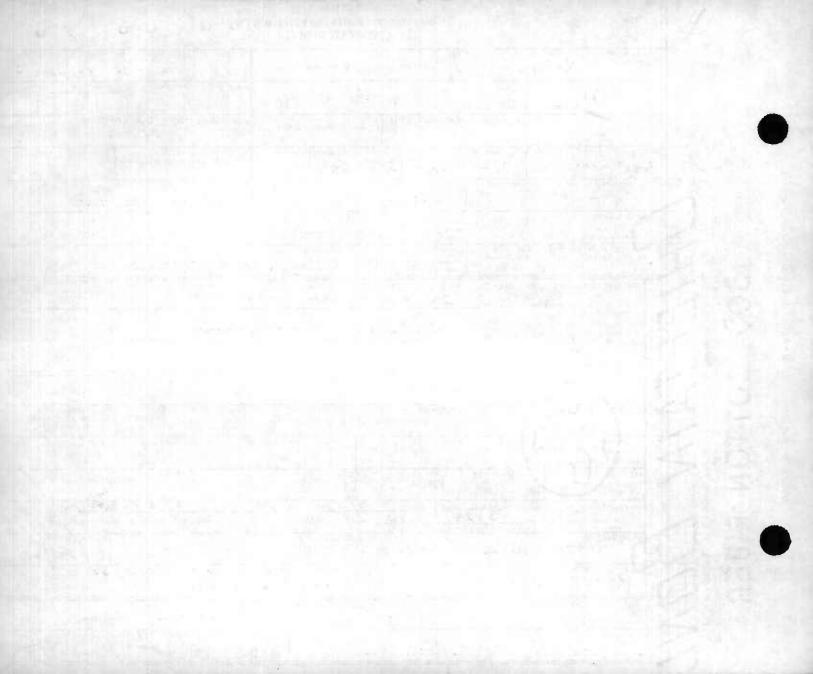
STATE OF MARYLAND

ARM. O INTEREST TO SELECT			7 . " 7	gologn F
	- 05			HAME!
TOTAL STREET	30	H. H.		AUGUST TV
t ghereat saw states	ANTEN CE. LOA	. wir woo	Separate A	EALCTTACAGE
in stituing group.				neuralak
	ALCE		To Jon	Robert
	THE WAY HOLD DODG			
	0 see	37-203	37-12	

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 2a. DATE OF DEATH 26 HOUR (TYPE OR PRINT) LILLIAN JONES 2:300 80 3 SEX 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS HOURS BLACK 1885 94 In BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED virginia citu WIDOWERK CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12h KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY BALTIMORE CATON MANOR NURSING CENTER ISUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13b COUNTY pluc CATON MANOR NURSING CENTER MARYLAND 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE SARAH GEORGE CARTER HARMAN 160 WAS DECEASED EVER IN U.S. ARMED FORCES 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 216-09-9552 MARGUERITE HALEY 2332 IVY AVE. APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per one for (a), PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF 1161 or Als Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 DIVISION OF VITAL RECORDS, CERTIFICATION 190 DATE OF OPERATION 20a AUTOPSY? CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO [71 accident was underlying 71h TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 MONTH DAY YEAR HOUR A.M. 0 OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e. PLACE OF INJURY 21f. LOCATION AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE AT WORK AT WORK 220.1 certify that (1) (this haspital) attended the deceased from, _____, and that in (my) (our) apinion death occurred on the date and hour and from the causes stated obove, (1) (we) (did) (did not) view the bedy after death 22b. SIGNATURE DEGREE 22c DATE SIGNED ATTENDING. STAFF PHYSICIAN DIRECTOR MPORTANT PHYSICIAN 22d. PHYSICIAN'S NAME MYPE OF PRINTI 22e ADDRESS auld b 230. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23b. DATE BURIAL BALTIMORE 3-7-80 ARBUTUS MEM PK MARYLAND 24. FUNERAL DIRECTOR DHMH - 16 50M 1/76 ELIZABETH L. PHILLIPS 1721 N. MONROE ST. (VR A 15 (4))



. 12					DIMI	E OF MARYLAND			
A	1	FOR STATE REGISTRAR		DEPARTA		EALTH AND MENTAL HYG ICATE OF DEATH	REG. N	06/	18
2.5		CEASED NAME FIRST		MIDDLE		o Neo	20 DATE OF DEATH	MONTH DAY YEAR	2b HOUR
deoth deoth			1312T	4				3 28 80	
offer parties and a second	3 SE	Male	4. RACE		5. DATE C		6 AGE (IN YEARS LAST BIRT	MONTHS DAY	
o s. a	7. D	IRTHPLACE (STATE OR FOREIGN	Negro	WILLIAM COLLETTOWN	5	3 10	69	YRS.	
10	10. 6	NC		WHAT COUNTRY?	MARRIE	D NEVER MARRIED DIVORCED	BALTIMORE CITY O	COUNTY OF DEATH	~
39		ALTIMOR DEATH		H FACILITY, GIVE STREET.		OR OTHER INSTITUTION	120 USUAL OCCUPATI		OF BUSINESS O
ag tsags	USU 130	AL RESIDENCE (IF NURSING HOA STATE 13b CO	NE OR OTHER INSTITUTION DUNTY	GIVE RESIDENCE BEFORE 13c. CITY OR TOW Baltimo	/N	13d INSIDE CITY LIMITS?	13e STREET ADDRESS 3445 Park	Hgts Avenu	ıe
3200	14. F.	ATHER'S NAME FIRST Jeff	MIDDLE	Jones		15. MOTHER'S MAIDEN NAME FIRST Carrie		Purc	
edical		WAS DECEASED EVER IN U.S.	ARMED FORCES?	166 SOCIAL SECU		17 INFORMANT	ADDRE		
ae /		(11 120,	OTTE WATER	220-01-	-0992	William M. J	lones Lytt	leton Road	
obunal, crematic	7	Conditions, if any, which gave rise to immediate cause ial, stating the underlying cause last	DUE TO, O	R AS A CONSEQUE		NOT RELATED TO THE TERM	IN AL DISEASE OR CONI	DITION GIVEN IN PART	lio
lui Kua Sma	IFICATION	190 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FIND IN CERTIFYING CAUSE YES	ES OF DEATH?
oux .	CERTIFICATION	210. ACCIDENT WAS UNDERLYING	21b. TIME C	PF INJURY	1977	N WAS PERFORMED	YES NO	IN CERTIFYING CAUSE	ES OF DEATH?
oud .			21b. TIME C HOUR A. NER) P.	PFINJURY M. MONTH DJ M.	1977	The state of the	YES NO	IN CERTIFYING CAUSE	ES OF DEATH?
or Item 18 shows any in	MEDICAL CERTIFICATION	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21b. TIME C HOUR A. NER) P.	PFINJURY M. MONTH DJ M.	AY YEAR	The state of the	YES NO	YES TOR PART 1 OR PART 2)	ES OF DEATH?
Sept. of Health and Mental Hygiene prior to them 21 is marked or Item 18 shows any inju		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF LIFE R. NOTHEY MEDICAL EXAMINATION OF CURRED WHILE NOT WHILE NOT WHILE	21b. TIME C HOUR A. NER) P. 21e. PLACE (AT HOME. STI	DE INJURY M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE, F de deceased from 19 3	AY YEAR 19 FARM, ETC.)	21c. HOW INJURY OCCURE 21f. LOCATION STREET 19 20 d that in (my) (aur) opinion of	YES NO CITY OR TOWN CITY OR TOWN to 3 death occurred an the do	IN CERTIFYING CAUSI YES RY IN ITEM 18, PART 1 OR PART 2) VN COUNTY 28 19 8 20 ate and hour and fram th	STATE
e Dept. of Health and Mental Hygrene prior if them 21 is marked or them 18 shows any in		21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTHY MEDICAL EXAM) 21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK 220.1 certify that (1) (this he saw the deceased alive above. (1) (we) (did) (did) 22b. SIGNATURE	21b. TIME C HOUR A. NER) 21e. PLACE (AT HOME, STI Dospital) attended the	M. MONTH DAM OF INJURY REEF, FACTORY, OFFICE, F	AY YEAR 19 FARM, ETC.)	21t. HOW INJURY OCCURE 21f. LOCATION STREET 22 19 50 ad that in (my) (aur) aprinion of the company of the comp	YES NO CITY OR TOWN CITY OR TOWN To death occurred an the do	IN CERTIFYING CAUSE YES RYIN ITEM 18, PART 1 OR PART 2) VN COUNTY 28 19 82 ate and hour and fram the county 22c. DA)	STATE what (f) (we) land the couses stated
State Dept. of Health and Mental Hygene prioring.		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OI (IN EITHER, NOTIFY MEDICAL EXAM) 21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK NOT WHILE 220. I certify that (I) (this his saw the deceased alive above, (H) (we) (did) (did)	21b. TIME C HOUR A. NER) 21e. PLACE (AT HOME, STI Dospital) attended the	DE INJURY M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE, F de deceased from 19 3	AY YEAR 19 FARM, ETC.)	21t. HOW INJURY OCCURE 21f. LOCATION STREET 22 19 50 ad that in (my) (aur) aprinion of the company of the comp	YES NO CITY OR TOWN CITY OR TOWN CITY OR TOWN death occurred an the do MEDICAL STAF DIRECTOR PHYSIC	IN CERTIFYING CAUSE YES RYIN ITEM 18, PART 1 OR PART 2) VN COUNTY 28 19 82 ate and hour and fram the county of	STATE what (f) (we) land the couses stated
sched for use as the burial-transit permit. Dept. of Health and Mental Hygiene prior I frem 21 is marked or Irem 18 shows any in	MEDICAL MEDICAL	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTHY MEDICAL EXAM) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 220.1 certify that (1) (this he saw the deceased alive above. (f) (we) (did) (did 22b. SIGNATURE 22d. PHYSICIAN'S NAME (TY	21b. TIME CHOUR A. HOUR A. P. 21e PLACE (AT HOME, STI DOSpital) attended the	OF INJURY M. MONTH D M. OF INJURY REET, FACTORY, OFFICE, F after/death. F R 23c. N	AY YEAR 19 FARM, ETC.)	21t. HOW INJURY OCCURE 21f. LOCATION STREET 22 19 50 d that in (my) (aur) apinion of the physician phys	YES NO CITY OR TOWN CITY OR TOWN CITY OR TOWN death occurred an the do MEDICAL STAF DIRECTOR PHYSIC	IN CERTIFYING CAUSI YES RY IN ITEM 18, PART 1 OR PART 2) VN COUNTY 28 19 80 ate and hour and fram the county 22c. DA) FIAN 8 3	STATE state state state state



MIDDLE

FOR

REGISTRAR

I DECEASED NAME

- STATE

(TYPE OR PRINT)

DHMH-16 25M

(VRA 15, 4) 1/79

REG. NO 28. DATE OF DEATH MONTH 26. HOUR MARCH 16 1980 11:101

IF UNDER 24 HRS

HOURS

IF UNDER LYFAR ONTHS DAYS

BALTIMORE CITY OR COUNTY OF DEATH

BALTIMORE CITY 12h KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY

1731 Guilford Ave.

Jones

Hester A. Jones 1309 Ensor St.

APPROXIMATE INTERVAL PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

LAST

20h IF YES, WERE FINDINGS USED

IN CERTIFYING CAUSES OF DEATH? NO [YES T 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)

22c DATE SIGNED

Baltimore COUNTY

24 FUNERAL DIRECTOR 1101 E. North Ave. March F/H

250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE

COUNTY

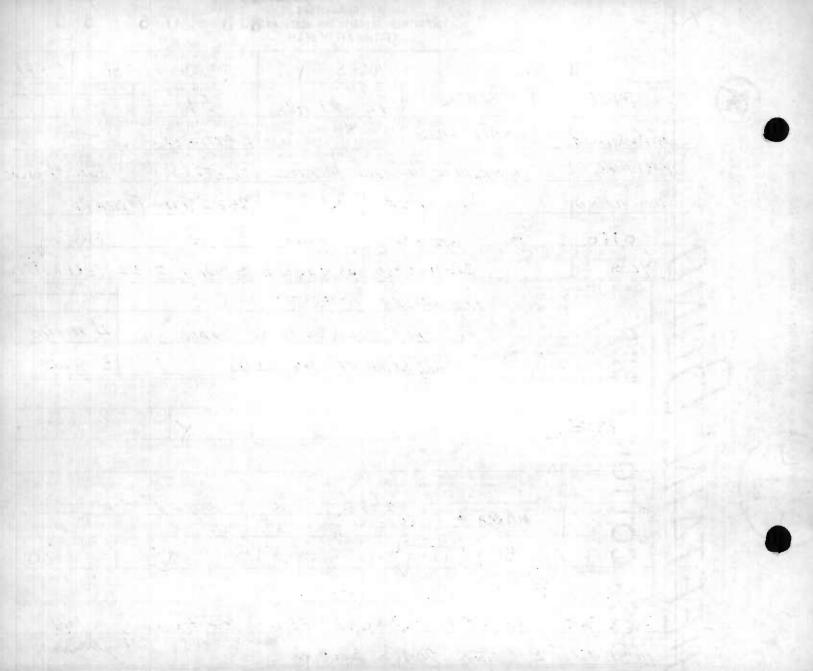
STATE

STATE

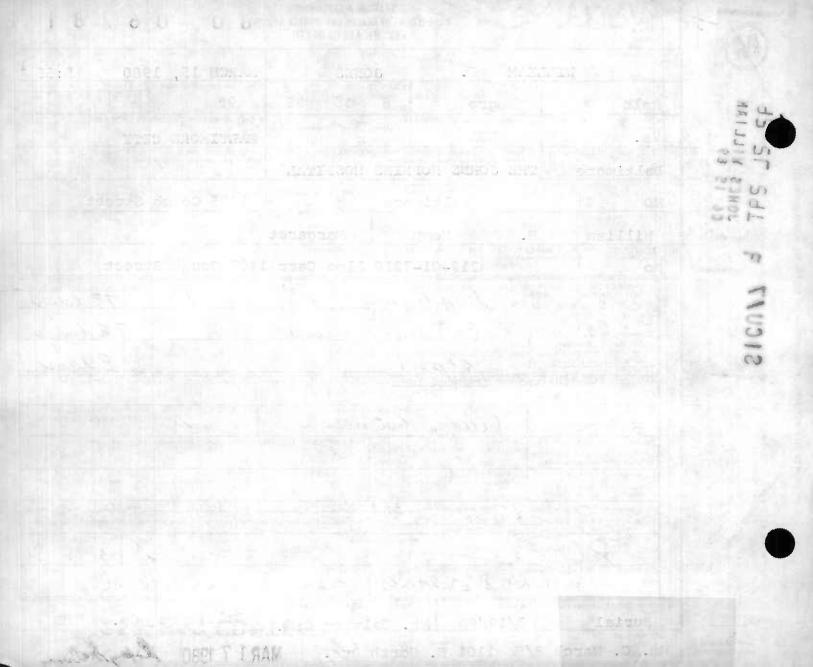
MD

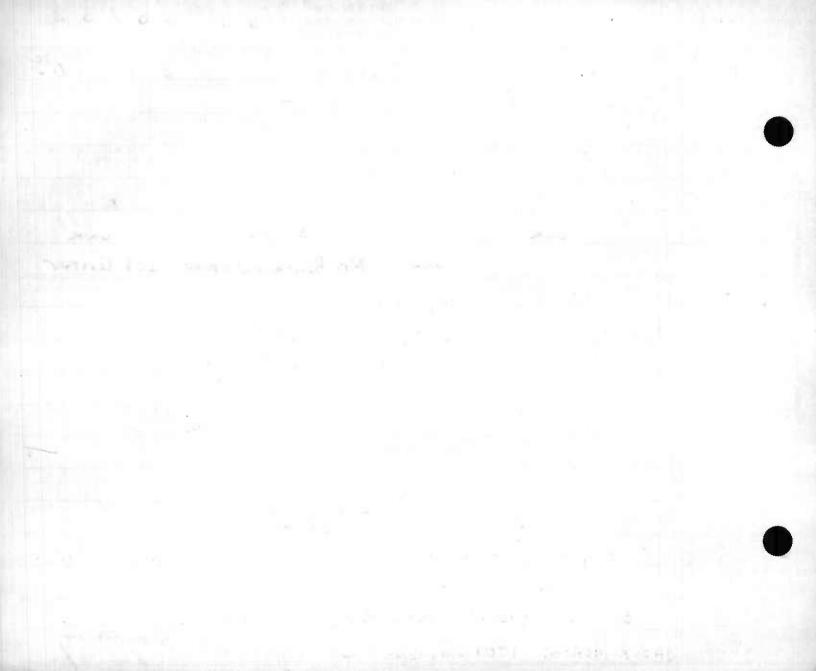
0.00 > Q_ 0 0 the season for a season of march the second like ment from --- 50 TP. 50.6

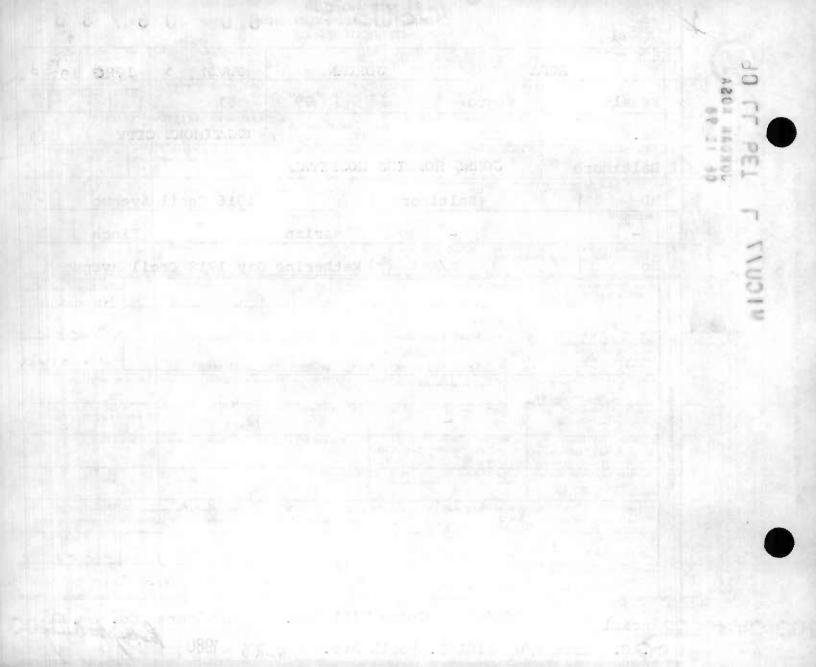
STATE OF MARYLAND

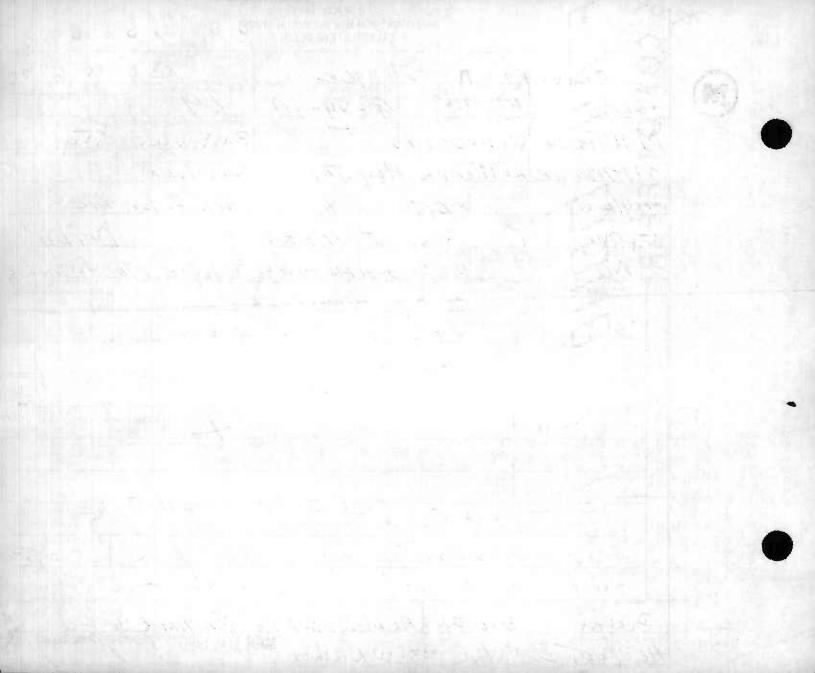


STATE OF MARYLAND









injury, or other troumatic event, the medical exa

MPORTANT: If Hem 21 is marked at Item 18 shaws any

remove corbon papers. Pages 1

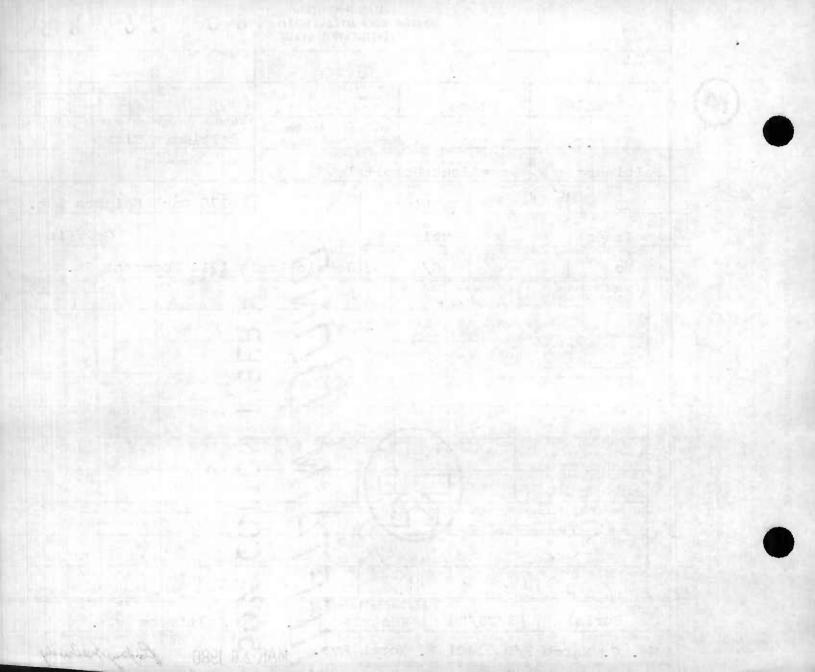
		FOR STATE REGISTRAR			CERT IF	E OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH) () REG. NO.	6/8	3 5
		CEASED NAME FIRST EUla	М		Jo	yner	2a. DATE C	OF DEATH MONTH	-22-80	26 HOUR 4: 20 A M
	3. SE)	Female	Negre	0	5. DATE C		6. AGE (IN	YEARS LAST BIRTHDAY)	MONIHS DAYS	IF UNDER 24 HRS HOURS MIN.
10		RTHPLACE (STATE OR FOREIGN DUNTRY)	TE CITIZEN OF WHA	AT COUNTRY?	8 MARRIEI WIDOWE	NEVER MARRIED	9 BALTIM	ORECITY OR COU	NTY OF DEATH	MD.
39	Ва	TYORTOWN OF DEATH	Provide	ent Ho	spita	DR OTHER INSTITUTION	12a USUAI	L OCCUPATION IRK FOR MOST OF WORKIN	12b. KIND (OF BUSINESS OR
3	13a S	AL RESIDENCE (IF NURSING POMEOR TATE 131 COUN MD	TY 13c	RESIDENCE BEFORE CITY OR TOWN Baltime	N	13d. INSIDE CITY LIMITS? YES 🔀 NO 🗌	437	oddress 6 Park	Heights	Ave.
2		James		Artis		Robena	AME	MIDDLE	Grif	fin
/	16a W	VAS DECEASED EVER IN U.S. ARA es, no or unknown) (if yes, give NO	WAR OR DATES)	N/A	RITY NO.	Jessie Art	cis 12	ADDRESS 216 Monu	ment St	
		Conditions, if any, which gove rise to immediate cause to, stating the underlying cause lost	DBY: E CAUSE TO DUE TO, OR AS	A CONSEQUE	NCE OF	neumonice ethol Aberel	2			IMATE INTERVAL ONSET AND DEATH
9	CERTIFICATION	PART 2 OTHER SIGNIFICANT C			Mak.	NOT RELATED TO THE TERM	200 AUT	OPSY? 20b. IF	YES, WERE FINDING CAUSES	NGS USED
9	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED	P.M.	MONTH DA	19	211 LOCATION STREET	RRED (ENTER N	CITY OR TOWN	18, PART 1 OR PART 2)	STATE
	N	WHIE NOT WHIE DAT WORK DAT WE DAT WORK DAT WORD WORK DAT	all offended the de	eceosed from	3- 50, or	d that in (mx) (our) opinion DEGREE ATTENDING PHYSICIAN	deoth occurr	3.75		
		PATRICIA TE	PRINT	M	D	PLOVIDENT /	Hasp.TA.	1 18ALT	o Mil 2	5 AUE 1216
		Burial, CREMATION, REMOVAL SPECIFY) Burial	3/28/8			iew Cem.		altimore	COUNTY	STATE MD

DHMH - 16 50M 1/76 (VR A 15 (4))

24. FUNERAL DIRECTOR
Wm. C. Ma 1101 E. North Ave. March F/H

MAR 2 6 1980

MAR 2.6 1980 Professional Profe



				STATE OF MARYLAND	
			FOR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE	06786
	-		STATE REGISTRAR	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	REG. NO.
1/	TO THE	1. DE	CEASED NAME FIRST	MIDDLE LAST 20. D	ATE KNOWN X MONTH DAY YEAR 26. HOUR
11	TAIL	(TYP	E OR PRINT) Edward	Kaczmasek	OF ESTI- ATH MATED 3 19 1980 M
-	20W5E	3. SEX		DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 2c.	DATE MONTH DAY YEAR 24 HOUR
	PREC UR F V STR		٨ ا	OLIH PAY YEAR LAST BIR HOAY) MONTHS DAYS HOURS MIN PRON	IOUNCED 1:15F
	2000	1		O O TIRS.	DEAD 3 19 1980 M
		7a. B	RTHPLACE (STATE OR 76.	MARRIED NEVER MARRIED	LTIMORE CITY OR COUNTY OF DEATH
	w ¬ /		Marviand		Baltimore City, MD.
	AAY IS N THE FILED, 3301 W	10. CI	TY OR TOY N OF DEATH		CCUPATION (TYPE OF WORK 17b. KIND OF BUSINESS OR INDUSTRY
	PAGE FILED		Baltimore	Baltimore City Hospital	P WORKING LIFE)
	DE ST	USUZ	LESSIDENCE IF HINGSPICAGED OF OR	HER PASTITUTION CASE REAGENCE BEFORE ROMISSION)	
5	ANY DAND 3 REFAIR	lile S		THE STREET A STREET AND TO STR	State Bottle House Rd
21201	A A HH		Ma Nacco	imere Strindalle 1450 NO 8 VOOS C	and the state of the
MD,	TH. 2	12	THERES NAME	DOLL THE THE PARTY OF THE PARTY	MIDDLE TO A LAST
	ES ES	1	dward	Nicomarch Jeances	Kustak
Ö	PAG		VAS DECEASED EVER IN U.S. ARMED	FORCES? THE COCIAL SECURITY NO. 17 10 9 MANY	ADDRESS MIR JUL DI
BALTIMORE,	URS AFTER B. GIVE PA WITH FD PAGES DIVISION	1	-as W	VII 316.10.6953 Helen Wagne	2/508 Masalli Frove Rd
BA	WITH WITH		AUSE OF DEATH (Enter only o	ne cause per line for (a), (b), and (c))	APPROXIMATE HITERVAL RETWEEN ORGET AND DEATH
ST.,	A = . = .		PART I DEATH WAS CAUSED B		
PRESTON ST	24 H TEM TON PERA SEN		4797 IMMEDIATE	AUSE (a) THE GOTTO BOTTO TO THE GOT AUSE (A) THE GOTTO BOTTO TO THE GOTTO BOTTO BOTT	50050
STC		E C	Conditions, if ony, which		
2	WITHII JOH JINER RANSI TAL H MOVA		gave rise to immediate	(b)	
3	ED WITHIN 24 HG PENCII. IN ITEM I AMINER ALONG L'TRANSIT PERMI ENTAL HYGIENE REMOVAL.		couse (a) stating the <u>under-</u> lying couse lost.	DUE TO, OR AS A CONSEQUENCE OF	
301	ECUTED WITHIN 37, IN PENCIL IN AL EXAMINER A BURIAL-TRANSIT NND MENTAL HYDN, OR REMOVAL		7,00	(c)	
DS,			PART 2 OTHER SIGNIFICANT CONDITIONS CON	TRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).	
OF VITAL RECORDS,		CERTIFICATION			
NE NE	PENDI PENDI EF MED ED AS HEALT	T E	190. DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?
TAL	HOUL RD "PI CHIEF USE OF HE	기 분			YES NO X
~ ~	WORD WORD TE CHI O BE US INT OF	H 18	210. EXTERNAL CAUSE WAS	216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE	OF INJURY IN ITEM 18 PART 1 OR PART 2)
0	S B B B B B B B B B B B B B B B B B B B		UNDERLYING OR	HOUR A.M. MONTH DAY YEAR	
NOISION	ERTIFING TOPE SHOPE	MEDICAL	CONTRIBUTING CAUSE OF DEA	TH P.M. 19 21e PLACE OF INJURY (ATHOME, 21f. LOCATION	
ž	DED DED	ME	WHILE NOT WHILE		OR TOWN COUNTY STATE
٥	E. WRITING THE WORD "9" RWARDED TO THE CHIEF PAGE 3 SHOULD BE USE STATE DEPARMENT OF H 21201 PRIOR TO BURIAL, C.		WHILE NOT WHILE AT WORK		
	2	1		f the remains described oboye, held on Autopsy . Inspection . In	quiry , ond in my opinion
	ZO PER			X, Accident , Suicide , Hamicide , Undetermin	ed manner ,
	EXAM CERTIF CILD B DIREC WITH		/ 1/1	TITLE (SPECIFY)	
	DOULE OF WAR		ACTUAL	M.D.Deputy Chiefiedical	DATE 3/20/80
	CAL EXAMINATE CERTIFIES SHOULD BE SRAL DIRECT SATH, WITH RE, MARYLAN		SIGNATURE	M.DIZEDITOY CITTE MEDICAL	EXAMINER SIGNED 3/20/80
	NO N		EXAMINER'S NAME Thoma	S D. Smith, M.D.	Balto.,MD.
	TO MEDICAL EXECUTE THE CIPAGE & SHOUL TO FUNERAL DATTER DEATH, V BALTIMORE, MA		(TIPE OR PRINT)	ADDRESS	
	BATER	Flu.	MIAL CREMATION REMOVAL ISS	BULL ON BUTTER CEMETERY OF CHMATORY	frank Ald
(1000)	BP	Y	mural ;	24.00 Lallimore parional Leali	inches the same of the
0000	DHMH - 17	20	PIERAL DIRECTOR	ADOMEN 25e. DATE REC'D. BY REG	ISTRAR
	(VR A15 ME (5)) 15M 7/76	1/8	Zimona 7. Haca	ground 2005 fleet MAR 2 1 19	80 mapay making
		N/C			

the late of the All to the second of the second of the

conduction production to med not in horizon in the men

			/ 1						OS MARYLAND		-	,	13 13	
		1		1-	FOR STATE REGISTRAR		DEPARTA		EALTH AND MENTAL HYGI ICATE OF DEATH	REG. N	10	5 /	3 3	
•		m =			EASED NAME FIRST OR PRINT)	(Exp.)	MIDDLE		AST	20 DATE OF DEATH		AY YEAR	2b HOUR	
	1				DAV				MSLER	MARCH 0			06:10AM	
	te law require. It is record to gradule to executed within 24 hours after the record to be the stranging by the attending physician and completely filled in by the future of the stranging physician and completely filled in by the future.	10		3 SEX		4 RACE		S. DATE C		6. AGE (IN YEARS LAST OF		IF UNDER I YEAR	IF UNDER 24 HRS HOURS MIN	
	180	Duce			MALE	WHI	TE	8	11 1947	32	YRS.			
	200	a t	20	7a BII	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	MARRIE	D NEVER MARRIEDXX	BALTIMORE CITY	OR COUNTY	OF DEATH		
	1	72 fied	14		MALE	USA		WIDOWE	D DIVORCED	BALTIM	ORE C	TTY	MD.	
	fte	thin thin	1	10. CI	TY OR TOWN OF DEATH				OR OTHER INSTITUTION	12e USUAL OCCUPATION OF WORK FOR MOST	TION	12b. KIND C	OF BUSINESS OR	
5	e su	d wi t be	33	RA	LTIMORE		HNS HOP		HOSPITAL	PHYSICIAN		MEDI(CINE	
120	hou	file mus	1	USUA	L RESIDENCE (IF NURSING HOME	OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)						
10 2	24	d be	35	13a S	RYLAND 136 COL	INTY	BALTIMO	N	136 INSIDE CITY LIMITS?	13. STREET ADDRESS 50 E. 26th st. 2/			10	
3	ig.	should should		P. 100	THER'S NAME		DALITM	JILL	15 MOTHER'S MAIDEN NAM		11 30.	210	/ 0	
N.	□\$.	ON OFFI	00		FIRST	WIDDLE	LAST		FIRST	MIDDLE	CE	YMANS 'A	\$1	
X	The state of the s	t and the need can	111		ABBI HAROLD		KAMSLER		ETTA	ADDI			Other DA	
5	- X	D S	1		(AS DECEASED EVER IN U.S. A ES, NO OR UNKNOWN) (IF YES, GI	RMED FORCES? VE WAR OR DATES)	166 SOCIAL SECU		17 INFORMANT				OWN, PA.	
\$0		Pages Pages t, the	1		NO		160-40-0	0762	RABBI HAROLD	KAMSLER	1800 P	INE ST		
A		ysician pers. P oval. event,		111	18 CAUSE OF DEATH (Enter of	inly one couse per	line for (a), /b), and	d open				BETWEEN	MATE INTERVAL ONSET AND DEATH	
CU	- 10 m				PART I. DEATH WAS CAUS	ED BY.	HADEKIAC	Acid	oges					
5	WENT	carbon pa carbon pa on, or rem traumatic			2116		21	NICE OF	1	3.0				
015	-				Conditions, it ony, which (b) DURWHELMING MUD UNAL (Herpes) Pres mmin									
-	CME	move emati			gave rise to immediate	(6)	0201.001001111	71			- E.			
ço	45 00	- 0 -			cause (a), stating the underlying cause last	DUE TO, O	RAS A CONSEQUE	NCE OF	ins disease					
0	160	ed leas irral		1.5		(c)								
5, 2	nba.	n sign hen p to bu ty inju		z	PART 2 OTHER SIGNIFICANT	CONDITIONS C	ONTRIBUTING TO L	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR COI	ADITION GIV	EN IN PART II	01	
ORC.	Ne Ne	a or		CERTIFICATION		Tun com	TION FOR WHICH	00504710	224400000000000000000000000000000000000	20a AUTOPSY?	Tank IE VEC	, WERE FINDI	NCC HEED	
EC.	he	permit. iene pri	7	CA	198 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPST?		YING CAUSES		
-	Žė	gien 8 sh	col.	RTIF						YES NO		s 🗌	NO 🗌	
15	CIA	Hy Hy	Di	CE	210. ACCIDENT WAS UNDERLYING	- LIOUS A	OF INJURY	V YFAR	21c HOW INJURY OCCURR	ED (ENTER NATURE OF IN)	URY IN ITEM 18, P	ART 1 OR PART 2)		
PE	4YSIC physi	cer Il-tra Intal	7	¥	OR CONTRIBUTING CAUSE OF D	CALLY .	M.	19						
·23	PH ug b	After this certificate ha s the burial-transit perm th and Mental Hygjene marked or Item 18 sho		MEDICAL	214 INJURY OCCURRED	21e PLACE	OF INJURY		211. LOCATION	CITY OR TO	334/8.1	COUNTY	STATE	
	ING endi	the tanc		¥	WHILE NOT WHILE AT WORK	(AT HOME, ST	REET, FACTORY, OFFICE, F	ARM, ETC.)	ZIKEEI	CITY ON TO	ZWN	COUNT	SIAIC	
ق	ON	as as a alth			22e I certify that (I) (This has	nital) attended th	ne deceased from	F85.	19 1080	10 Mario		10 80	That (I) (we) last	
copie.	TTE	DIRECTOR hed for use a Dept. of Heal If Item 21 is			saw the deceased alive a	"Mauch	19_	ect-	nd that in (my) (our) apinion o	death occurred on thes	date and hou			
	Spira	A for			obove, (I) (we) (did) (did r	ot) view the body	after death.		DEGREE	3/1/80 6	S AM	22c. DATE		
	o p	Chec Dep			I SIGNATURE	U	(1.	ATTENDING _	MEDICAL ST.	AFF	5/	/ int	
	TAL	RAI deta tate tate			sume C	Huns	160	MU	PHYSICIAN [DIRECTOR PHYS	KIAN	0///	80	
	HOSPI med by	NE Se STA	1		226 PHYSICIAN'S NAME (TYPE				220 ADDRESS	11	0			
	a HC	TO FUNERAL DIRE should be detached fo with the State Dept. IMPORTANT: If Iter	1		2) GRAN	146			ThroHopker	M tospita	_			
	. TO	A SIN E		23a. E	URIAL, CREMATION, REMOVA	L 23h. DATE	23c 1	NAME OF C	EMETERY OR CREMATORY	236 LOCATION		COUNTY -	STATE	
17	DGBP_			- (JRIAL			ARON	DEHIRSCH	STATEN I	SLAND,	N.Y.	312.16	
10	0 01 -				INERAL DIRECTOR	k/3/80			25e. DATE	REC'D. BY REGISTRA	R 25h. REGIS	RAR'S SIGNA	TU	
-Am		MH-16 25N			NAME	a ppoc	6010 REIS			AR 5 198	The state of	Jany /x	Cready	
	(VIV)	10,41 1/	, 5		SOL LEVINSON	G BRUS	BALTIMORE	MD.	(21215) I M	AR 5 198	<u>u</u>	1	-	

CONTRACTOR OF THE PARTY OF THE

100 36 60 - 100 CON 3 - 100 15 CON THE STATE OF THE PARTY OF THE P WANTED THE PER STATE OF THE OWNER OWNE TO BE THE BUTTER The state of the second second

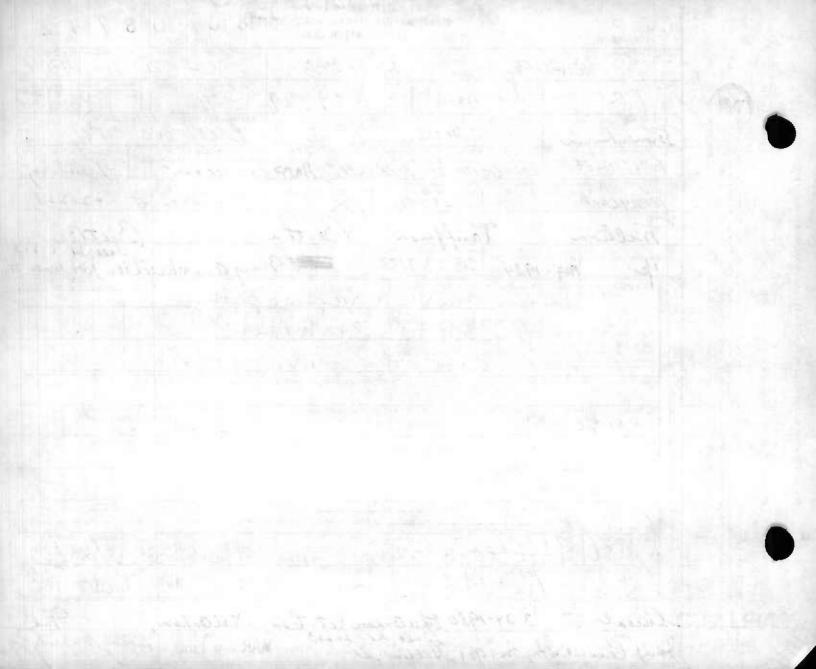
	IIt	ems 19a&19b (3542 4/29	9/80 d	adTAT	E OF MARYLAND		
V	11.	FOR - STATE		DEPARTM		EALTH AND MENTAL HYG	IENE U	06/90
4	1.	REGISTRAR			CERTIF	ICATE OF DEATH	REG. NO	
		CEASED NAME FIRST	MIDDLE		A L	AST	20. DATE OF DEATH	MONTH DAY YEAR 26 HOUR
1 %	1	Grad	ce E.		Ka	tes	3	3 20 80 925 4 11
	3. SE	X	4 RACE		5 DATE C		6. AGE (IN YEARS LAST BIRT	
(100)		Female	White		2/		67	MONTHS DAYS HOURS MIN
129		IRTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF WHA	T COUNTRY?	8 MARRIE	D NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DEATH
1 11 123		aryland	USA		WIDOWE	DIVORCED [oreCity MD.
1 11 11	10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSP			OR OTHER INSTITUTION	128 USUAL OCCUPATE	
102		Baltimore	Union Me		- Alba	ital	Housewif	e
12 4 4 4	13a	AL RESIDENCE (IF NURSING HOME O STATE 136 COU		RESIDENCE BEFORE		13d INSIDE CITY LIMITS?	13e STREET ADDRESS	
AN 5 45 50		ryland	Ba	altimor	е	YES X NO 🗌	3752 Hicko	ry Ave.
RYL within	14 FA	ATHER'S NAME FIRST	MIDDLE	LAST		15 MOTHER'S MAIDEN NAM	MIDDLE	LAST
W D du SSOL	1	Unknown	MATERIA	Poe			Unknown	
ond o		WAS DECEASED EVER IN U.S. AF	E WAR OR DATES)	SOCIAL SECUR		17 INFORMANT	ADDRE	
TIMORI be exect on ond s. Poges		No	22	20-36-2	240	Mrs. Odo Mer	ryman 2930	
BAL cote ysrcs oper vol. nt, th		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	nly one couse per line f	or (a), (b), and	l .c _	117		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ST., g ph on pi ewer		1 9 IMMEDIA		nteri	05	MT PORT	Surges	4
ON the corbin corbin to the co			DUE TO, OR AS	A CONSEQUE	NCE OF		THE VIEW	9
PRESTON ne deoth c emove cort motion, or		Conditions, if ony, which gove rise to immediate	(b)					
V. Py		couse (0), stoting the underlying cause lost.	DUE TO, OR AS	A CONSEQUE	NCE OF			rib a track to be
201 v	10	onderrying cause lost.	(c)					
	z	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTR	IBUTING TO D	EATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE OR CONI	DITION GIVEN IN PART 1(0)
O	CERTIFICATION	190 DATE OF OPERATION	TIBL CONDITION	I FOR WHICH (OPERATIO	N WAS PERFORMED	200. AUTOPSY?	206 IF YES, WERE FINDINGS USED
Ne prime by Second	5	3/18/80						IN CERTIFYING CAUSES OF DEATH?
TAI	1	210. ACCIDENT WAS UNDERLYING			al c	alculus 216 HOW INJURY OCCURR	FD (ENTER NATURE OF IN IUE	YES NO NO
NOFVITA SICIAN: T ng physici certificate rirol-transi fem 18 sh		OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M.				(11111111111111111111111111111111111111	,
ON O HYSIC Iding Ins cer burio Ment	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER	P.M. 21e PLACE OF IN	JIIIRY	19	211 LOCATION		
/ISIC	ME	WHILE NOT WHILE	(AT HOME, STREET, FA		(RM, ETC.)	STREET	CITY OR TOW	OUNTY STATE
DING or o Affe e os ofth mork		AT WORK - AT WORK	ital attended the dec	ensed from	3/12	10 87)	10 3/20	19 80 , that (1) (we) lost
TTENI Ditol TOR: for us of He		228.1 certify that (1) (this hosp sow the deceased alive or			0 1	nd that in (my) (our) opinion a		ate and haur and fram the couses stated
RECT red for		obove, (I) (we) (did) (did no 27b. SIGNATURE	ot) view the boldy ofter	deoth.		DEGREE		72c. DATE SIGNED
the the control of th		18a4a 10	1826-	C	100	ATTENDING PHYSICIAN	MEDICAL STAF	F _/
HOSPITAL med by the FUNERAL uld be deform the Stote ORTANT: I	1	22d. PHYSICIAN'S NAME (TYPE O	OR PRINT)	VR U	418	22e ADDRESS	DIRECTOR PHYSIC	IAN
TO HOSPITAL efound by 1 TO FUNERAL should be dea with the Stott			ANTINI	0		Union Mem	orial Hospi	tal
shoot stoods	73n F	BURIAL, CREMATION, REMOVAL	23b. DATE	123c N	AME OF C	EMETERY OR CREMATORY	23d, LOCATION	
1300 BP	. (SPECIFY) Burial	3/24/80			asant Cem	Gamber.	Md. STATE
DHMH - 16 60M 1/75		UNERAL DIRECTOR		110	A 7 m			25 PEGISTRAR'S SIGNATURE
(VR A 15 (4))	A.	Alan Seitz Fune	eral Home	3818 Ro	land		24 1980	history /Kelrody

	Yà	EE/ \3		.j inW	
		X		.0.50	
elive	tooli .				Prove Inc.
Holony lvs.	3752 H	2	and Idia		Maryland
	mediani		904		(C. ** ***
2930 Kaswick Rd.	C Marie (ere. Co	0/183-86-0	33	o'ln_

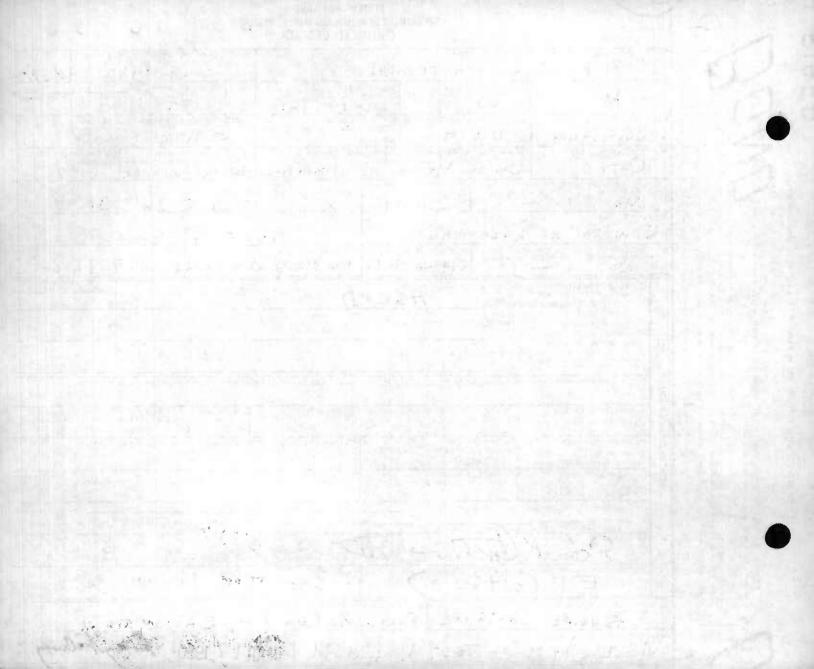
:- 00 01 2	VP.		14	DURBOL.	
		1.0	म् जाता		#KIAK
valle menerality in	- 3				t , and and a
Market Street Street	. 18.013	en crimin	TICS TO	T.	
as creati ex. cross e					CELTO AS
		-05-7:05		T VIT	
75- 08	,	139 AM	с	Art sone al	X X

	1	FOR STATE REGISTRAR	DEPART		EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 0	06/	9 2
8 74		CEASED NAME FIRST	ELES J.	KA	VFFMAN	20. DATE OF DEATH MARCH	20, 1980	26 HOUR 430 PM
	3 SI	MALE	CAUCALIN	S. DATE C		6. AGE IN YEARS LAST BIRTH	MONTHS DAYS	
	5	BETTAPLACE STATE OF FOREIGN	IN CITIZEN OF WHAT COUNTRY?	MARRIEI WIDOWE	NEVER MARRIED	BALTIMORE CITY OF		ME
or after	S no	SALTIMORE	11. NAME OF HOSPITAL, NURSII (IF NOT IN SUCH FACILITY, GIVE STREE UNIVERSITY OF		ROTHER INSTITUTION	126 USUAL OCCUPATK (TYPE OF MORE FOR MOST OF	WORKING LIFE) 12h KIND C	of BUSINESS OR
filled in uld be fill	USU 13a	AL RESIDENCE IN NURSING HOME O STATE 136 COU MARY LAND	2 4		131. INSIDE CITY LIMITS?	13a. STREET ADDRESS	es St:	21223
mpletely nd 2 sho	9 14.5	Tilliam	MODIE Tauffm	an	15. MOTHER'S MAIDEN NAM FIRST Certha	MIDDLE	But	ler
ficate be exec ysician and co pers. Pages 1 a oval.	Ι 6α	WAS DECEASED EVER IN U.S. AI YES, NO OR UNKNOWN) IN YES, GN	VE WAR OR DATES) 218 07	7733	17 INFORMANT	hary a. le	A MAD	hel. 2127
requires that the death certi signed by the attending ph on please remove carbon pa oburial, cremation, or rem injury, or other traumatic	Z	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUENCE TO OR AS A CONSEQ	U.S JENCE OF	epilept muln	pathy icus what disease or conf	DITION GIVEN IN PART I	(0)
E The law reterns to the permit. The lene prior to shows any	CERTIFICATION	196 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	206 AUTOPSY?	206. IF YES, WERE FINDS IN CERTIFYING CAUSES YES	
HYSICIAN I physician. is certrificat rial transit flental Hygi or Item 18	4	216. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH D	AY YEAR	21c HOW INJURY OCCURR	ED ENTER NATURE OF INJUR	Y IN ITEM 18, PART 1 OR PART 2)	
DING PHYS ttending phy After this c s the burial: th and Ment marked or I	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.)	211 LOCATION STREET	CITY OR TOW	n county	STATE
IOSPITAL ON ATTENIED by the hospital or all UNERAL DIRECTOR: the detached for use at the State Dept. of Heall HEATANT: If Item 21 is		22e.L certify that (I) (this hosp saw the deceased alive or obove. (I) (we) 20-d) (did a 27% SIGNATURE	or perting		d that in (my) (our) opinion of EGREE ATTENDING PHYSICIAN 22R ADDRESS	MEDICAL STAF DIRECTOR PHYSIC	F _ / 2/2	ESIGNED
Bb————————————————————————————————————	230	BUNIAL CREMATION REMOVAL	3- 24-1980 (2)	NAME OF C	EMETERY OR CREMATORY	23d LOCATION Clift ORTOWN Cheltonh	COUNTY	The
DHMH-16 25M	27	UNERAL DIRECTOR	ADDRESS?	all h	. 2/123 250. DATE	REC'D. BY REGISTRAR	Sh. REGISTRAR'S SIGNA	Bready

STATE OF MARYLAND



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO . DECEASED NAME 20 DATE OF DEATH MONTH (TYPE OR PRINT) E. KAUFFMAN AUL 4 RACE 3 SEX 5 DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR YEAR DAYS HOURS 9 1900 70. BIRTHPLACE ISTATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED ENNSYLVANIA ALTIMORE WIDOWED DIVORCED T 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12h KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADORESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY NION INSTR. MECHANIC EMORIAL USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE AGMISSION) 13a STATE 13b COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS MD ALTO. NO 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST NNIE 160. WAS DECEASED EVER IN U.S. ARMED FORCES SOCIAL SECURITY NO. INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Alm Mara 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b) and (c) PART I. DEATH WAS CAUSED BY PRESTON ST IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION prior 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES [entol Hyg 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 ā 21d INJURY OCCURRED 21e. PLACE OF INJURY 21f LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OF TOWN COUNTY STATE NOT WHILE WHILE AT WORK AT WORK 22a.1 certify that (1) (this haspital) attended the deceased fram_ saw the deceased alive an. ____, and that in (my) (our) apinian death accurred on the date and haur and from the causes stated obove, (1) (we) (did) (did not) view the bady oftendeath 226 SIGNATUR DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF MPORTANT. DIRECTOR PHYSICIAN PHYSICIAN Should be de 22d. PHYSICIAN'S NAME (TYPE OR BRINT) 22e ADDRESS SOIST PAULST 144 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION CITY OR TOWN -18-80 IFISU BP. ARKWOOD MA ALTO 24/ EUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTRAR 25b. RE DHMH - 16 60M 7/73 NAME (VRA 15 (4))



-		1.	FOR STATE REGISTRAR	DEP	ARTMENT OF HEALTH AND ME CERTIFICATE OF DEA		0 6 REG. NO.	19	S.
To the second	M		CEASED NAME OF FIRST	e Revee	S. DATE OF BIRTH	20 DATE OF	F DEATH MONTH E	801	HOUR O AM NDER 22 HRS
	funeral direction 72 hours to writed a	Í	RTHPLACE (STATE OR FOREIGN SALTO	75 CITIZEN OF WHAT COUNTY U.S.A.	TRY? MARRIED NEVER MA	RRIED BG	PRECITY OR COUNTY WORE OCCUPATION		MD.
	be filed with	USU	AL RESIDENCE (IF NURSING HOME COL	PROTHER INSTITUTION, GIVE RESIDENCE INTY	BEFORE ADMISSION) TOWN 134. IN SIDE CITY	LIMITS 130 STREET	u dent	JR High	Schol
	completely filled in 1 and 2 should be fill the		Mariand Ann Robert	Rethrobell blew Kay	lor, Pry	lis	HAMIEN A.	Pease	2
	ers. Pages val.		18 CAUSE OF DEATH (Enter o	we war or dates)	SECURITY NO. 17 INFORMANT	bert w. K	AVIOR (F	AHARY AHARY APPROXIMATE BETWEEN ONSET	INTERVAL TAND DEATH
	igned by the attending phy to please remove carbon pap burial, cremation, or remo njury, or other traumatic e		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONS	yes sy	d Hear	e or condition giv		
physician.	nis certificate has been si rial-transit permit. Then Aental Hygiene prior to or Item 18 shows any i	CAL CERTIFICATION	190 DATE OF OPERATION 2 23 8 210. ACCIDENT WAS UNJERLYING OR CONTRIBUTING CAUSE OF DI [If EITHER, NOTIFY MEDICAL EXAMINET	21b. TIME OF INJURY HOUR A.M. MONTH		AED 200 AUTO	NO YE		
r attending	IR: After the sa the bure as the bure ealth and I is marked	MEDICAL	214. IN JURY OCCURRED WHILE NOT WHILE AT WORK 224.1 certify that (I) (this has	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OF	1/03	19 80 to	CITY OR TOWN	COUNTY	STATE
etained by the hospital or	TO FUNERAL DIRECTO should be detached for use with the State Dept. of He IMPORTANT: If Item 21		sow the deceased alive a	n 3 or view the body ofter death.	19_60, and that in (my) (DI	ENDING MEDICAL DIRECTOR			es stoted
BP_	Ods w M		BURIAL, CREMATION, REMOVA SPECIFY) Burial	5 MARCH 80	134 NAME OF CEMETERY OR CRE Cedar Hill		ATION DRIOWN	COUNTY A.A.	STATE
	MH-16 25M A 15, 4) 1/79	(UNERAL DIRECTOR	FuneralHome	Burne M.	A A R R PA A A A A A	980	Fry / Killing	ay .

STATE OF MARYLAND

18/180108 Miller avec Haylor The male Lunte 10 17 for 18 18 Baltimare University of Maryland Student Student May and China And Cla Burne 1 725 friended Red & Robert W. Kaylor Phyllis A. Rase W.C. WIN DOWE BRIDGET IN HER COL Respondent and treat tenure 5 - 3morby 2 2 9, 38 2 x marchisterman St 1 Este. 3/1 80 - 1/8 - 28 EDIE 28 1/E Carl 18 X 31/80 PARELI . N. Challed 19.5 32 School W. 105+ 1110. OM Serves and the man first series Report Successful Clas Burnelly

	Market Control of Statement of the Control of the C
	Formal Philes Pay 11,192
and 10 minute feet	Termoylvania U.S.D.
However's However's	Intimot upin exemitari eromitar
tang manufactors 2013	r dishard eroutiful busiyest
estica-	Millar F. Gradwall, Fr. Daugea
El golf en ames) ofself.	NO SERVICE TO SERVICE STATE OF THE SERVICE STATE OF

	9	5 4
	>	ded
	e E	Q =
	*	0.5
	0	2 6
	8	40
	4	30
-	1	12
	17/09	45
	29-10	CUE
	3.1	NEW.
	-37.1	绿粉
	5.0	-
	7	4.3
	-	-1
	7	2 s
	3	o pc
	Po	E O .
	ē	S
	×	ge
	0	o d
	41	OF S
	ō	ysi
	Ť.	hd du
	9	000
	ч	Di o
	0	te de
	ō	0 00
	the state of	the
	÷	> e x
	÷	d b
	e S	n p
	5	sign her
	Je C	L
	3	mit
	0	Series
	The	1 to 1
	SIC SIC	ofe
	Aho	4
	0 6	0 0
	YS	SC
	PHYSICIAN: The low requires that the death certificate be executed within 24 than after death. Fuge 4 may be tending physician.	this certificate has been signed by the ottending physician and completely filed in the thermore than your 3 the burief the signed and the signed of the signed than the signed that the signed than the signed that the signe

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	-	REGISTRAR			CERTIFICATE OF DEATH				REG. NO.						
DECEASED NAME FIRST MIDDLE LAST		2a DATE	OF DEATH	MONTH	DAY	YEAR	26 HO	UR							
	REGISTR. 1. DECEASED N. (TYPE OR PRINT) 3. SEX Femal 10. BIRTHPLACE COUNTRY) Maryl 10. CITY OR TOW Balti USUAL RESIDEN 130. STATE Marylar 14. FATHER'S NA FIRST JOhr 160. WAS DECEA (YES, NO OR UN NO 18. CAUSI PART 2. C. 190. DATE Underlyin PART 2. C. 190. DATE Underlyin 191. ACCIDIO OR CONTRI (IF EITHER, R. 210. I Certi SOWN 120. I Certi SO	ON PRINT)	DORA	Vir	ginia	K	FLLER	3			3	29	80	530	AM
				4 RACE					6 AGE (II	YEARS LAST BIRT	THDAY)		DERIVEAR	_	R 74 HRS
1	Des.	Female		Whi	.te	10	/16/18	389 YEAR		90	YRS	MONTH	S DAYS	HOURS	MIN
4			OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	D NEVE	D AA A BRIED	9 BALTIA	AORE CITY C			EATH		
4				U.S	S.A.			DIVORCED [Baltimore City						MD
		Baltimor	е	(IF NOT IN SUC Ba]	timore C	ity H			120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY HOUSEWIFE						IESS OR
	Ma Ma	ryland			13c CITY OR TOW	TOWN 138 INSIDE CITY LIMITS?							2122	24	
1	14 FA	FIRST	٨	AIDDLE	LAST		15 MOTH	ER'S MAIDEN N.	AME	WIDDIE			LAST		
4		John			Lenning		Bar	rbara	Stier						
					P DATES)			17 INFORMANT ADDRESS							
1		010 54 5440 5 11 5 5									e as	13e			
		gove rise to immediate couse to is stating the underlying cause lost													
	z	PART 2 OTHER SI	IGNIFICANT C	ONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELAT	TED TO THE TER	minal dise	ase or con	DITION G	IVEN IN	PART 1	0 '	
	TIFICATIO	190 DATE OF OPE	RATION	19b. COND	TION FOR WHICH	OPERATIO	N WAS PER	FORMED	200 AUTOPSY? 206 IF YES, WERE FIND IN CERTIFYING CAUSE YES NOX						
		OR CONTRIBUTING	CAUSE OF DEA	TH HOUR A.	M. MONTH DA			TO HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART) OR PART 2)R PART 2}			
	MEDI	WHILE NOT	WHILE			ARM, ETC.)				CITY OR TOV	٧N	cc	YINUC		STATE
		sow the dece obove, (I) (we	osed olive on.	DOF	19	, o	nd that in (n	ny) (our) opinior	, to n deoth occu	3/≥ rred on the de		our ond	from the		toted
		1	lon er	1	Ban		ATTENDING PHYSICIAN		MEDICAL STAFF DIRECTOR PHYSICIAN			_ 2	3/29/80		
		22d, PHYSICIÁN'S	Sime of	7		22e ADDI	BCH								

23c NAME OF CEMETERY OR CREMATORY

Green Mount

DHMH - 16 60M 1/75 (VR A 15 (4))

TO FUNERAL DIRECT should be detoched f IMPORTANT: IF H

23a BURIAL, CREMATION, REMOVAL Cremation

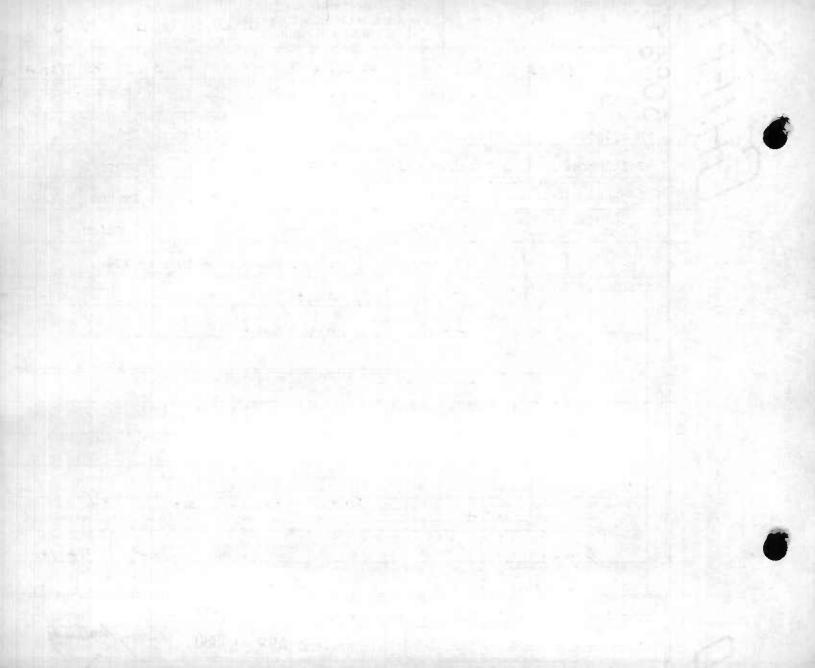
Walter Brooks Bradley, Inc. Dundalk, Maryland

3/31/1890

23b. DATE

23d LOCATION CITY OR TOWN Baltimore APR 1980

Maryland

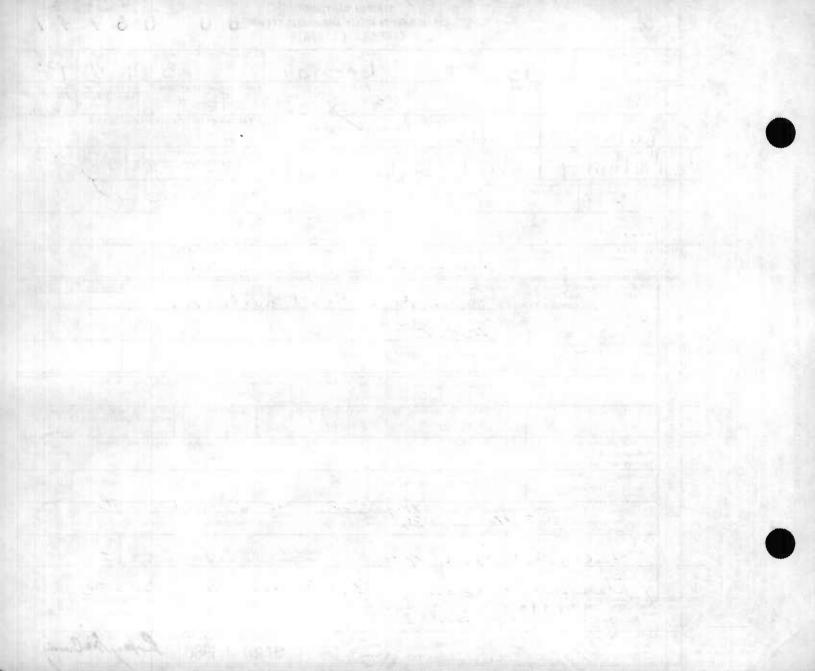


STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

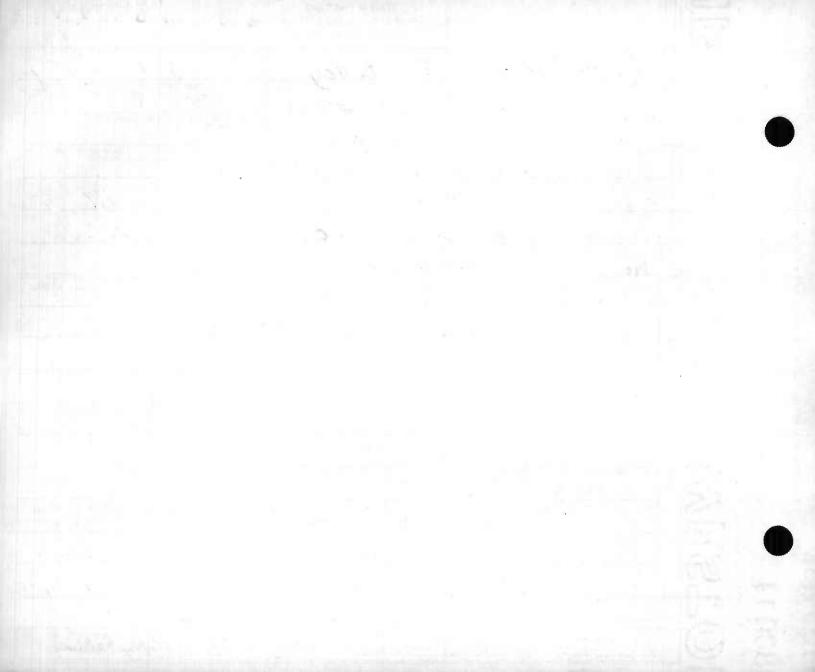
- STATE

REGISTRAR



		FOR	11/)/20/00 Ra	JIM	E OF MARYLAND		.8 0	0 6	1	ナーと
	1.	STATE REGISTRAR			HEALTH AND MEN' FICATE OF DEAT					
	I DE	CEASED NAME FIRST	MIDDLE		LAST		REG. NO	O. MONTH DA	Y YEAR	[26. HO
m e		E OR PRINT)					DAIL OF DEATH			7
dear	3 SE	MARGAI	RET F.		CELBEL THE TELEPOOR STREET	901.	AGE LIN YEARS LAST BIRT	03 0	8 80 F UNDER 1 YEAR	# UNDE
e. e.				MONT	H DAY	YEAR	0-	MO	ONTHS DAYS	HOURS
Page irect urs a		FEMA LE	WHITE	08	24 -18	393-	85 - 86			
z ho		IRTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF WHAT CO	MARRIE	D NEVER MARE	RIED 🗆 "	BALTIMORE CITY O	K COUNTY C	JE DEATH	
n 7 in 7		MARYLAND	U.S.A.			CED 🗌	BALTIMOR			
afte the f with	10. C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL		OR OTHER INSTITUT		Ta USUAL OCCUPATI		126 KIND OI	F BUSIN
ours such	_	BALTIMORE		FURROW STI	REET		HOUSEWIF	E		
24 h	USU 13e	AL RESIDENCE IN HURSING HOME CO		OR TOWN	1 134. INSIDE CITY L	IMITS? 113	R STREET ADDRESS			
E EE ESS		MARYLAND		LTIMORE	YES X NO	_	423 S. FU	RROW S'	TREET.	212
sho sho	14. F.	ATHER'S NAME	MIDDLE		15 MOTHER'S MA					
npte apple of 2		JACOB		HNABEL	MAR MAR		MIDDLE	1	MORGAN	
d cor		WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOC	IAL SECURITY NO.	17 INFORMANT		ADDRE			
n and Pages	1	YES, NO OR UNKNOWN) I IF YES, GR	VE WAR OR DATES)	5-05-9386	WALTER 3	T KELI	RET. 2648	MARBOIT	RNE AVI	ENILE
rs. P rs. P al.	-	18 CAUSE OF DEATH (Enter o			I WELLER C	1/	2040	11110001	APPROXIE BETWEEN C	
hys appe nov c ev		PART I. DEATH WAS CAUS	ED BY	ond ich	11 /	1 0	+ Lan		BETWEEN	SWSE I AM
o o o		IMMEDIA	ATE CAUSE (o)	unge	serve 1	Land	- men	<u> </u>		
ath ribodir no, or		4292	DUE TO, OR AS A CO	NIKEQUENCE OF	0	4				
de ca	1	1010	,	ATCI	1) ~ -	1.00			Mary 1	
tation at the latin		Conditions, if any, which gove rise to immediate	(b)	1 2 -0	0, 40	CO CO	new f		,	_
at the the smile of the	1	couse (a), stating the	DUE TO, OR AS A CO	ONSEQUENCE OF					1	
by by		underlying cause last	1002:0,000000	3.132402.162 0.						
nire sed leas ury			, (c)							
sign sign o bi	z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUT	ING TO DEATH BU	NOT RELATED TO	THE TERMIN	AL DISEASE OR CON	DITION GIVE	N IN PART 110	31
any	본							Test de como		
he last	3	19a DATE OF OPERATION	196 CONDITION FOR	R WHICH OPERATIO	N WAS PERFORME	D	20a AUTOPSY?	1206. IF YES,	WERE FINDIN	OF DE A
T:T teh per jene	E						YES NO	YES		NO [
cian.	CERTIFICATION	21a. ACCIDENT WAS UNDERLYING				YOCCURRED	(ENTER NATURE OF INJU	RY IN ITEM 18, PAR	tt i OR PART 2)	
SIC iysii iysii trai trai tal	-	OR CONTRIBUTING CAUSE OF DE			1.56					
PHY ng phy ng phy ng phy this curial. Men dor l	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER		19	TANK LOCATION					
ding ding ding sd N	9	216. INJURY OCCURRED	21st PLACE OF INJURY (AT HOME, STREET, FACTOR	RY OFFICE FARM ETC.)	21) LOCATION STREET		CITY OR TON	WN	COUNTY	s
DING PHY ttending pl After this s the burial th and Mer marked or	2	AT WORK AT WORK	,		1			1		
		220 1 certify the (1) (this hosp	utol) ottended the decesse	ed from	7/26	. (8	10 2	18 11	.80	the (I)
ATTEN pital or a ECTOR for use of Hea			7/1	CO	Land	\ anin/ar d	ah annua i	1	,	1
Porta for of		spove (/ her Grid did n	ot view the body after deat	th	ind that in (my) tour	apinion dec	oth occurred on the d	are and hour	and from the	couses st
DIR hed Dept		77h STONATURE	1	0	DEGREE				IN DATE	SIGNED
ach asch		Markey	Near C	In M		NDING _	MEDICAL STA		18/	101
ERAL ERAL State ANT:	1	Machand	Acres	400		SICIAN A	DIRECTOR PHYSIC	IAN []	1///	410
od be		224 PHYSICIAN'S NAME PLYPE	OR PRINT)		22e ADDRESS				/	1
TO HOSPITAL retained by the TO FUNERAL should be detac with the State IMPORTANT:		HERBERT J. V.	EVICKAS, MD		5404 EA	AST DR	IVE, ARBUT	US, MA	RYLAND	212
Sho sho	23e.	BURIAL, CREMATION, REMOVA		23c. NAME OF	EMETERY OR CREM		23d LOCATION			
BP		BURIAL	03-12-80		OON PARK		BALT IMORE		MA	RYLA
>		UNERAL DIRECTOR	03-12-00			1250 DATE D	EC'D. BY REGISTRAR		A. on L	Toronto and A
DHMH-16 25M		NAME		DDRESS	21229	MAD	1 1 1000	- Period	Jan San All	1
(VRA 15, 4) 1/79	HU	BBARD FUNERAL	HOME, INC. 43	107 WILKE	NS AVE.	MAIN	T T 1200			10

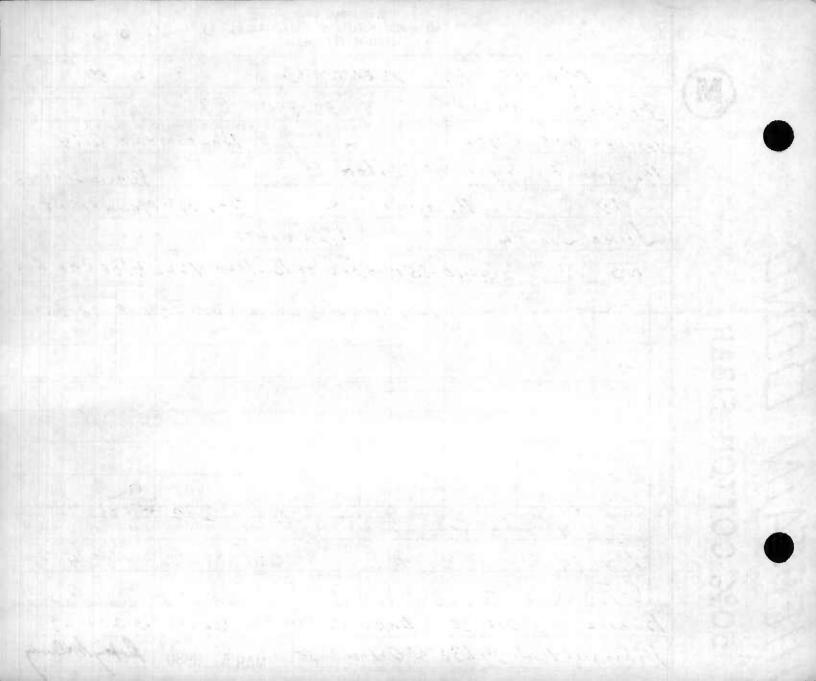
red , 'salita' poeles . 124 リルの数数はかは、単元では、経験では、b、高監権、大学・2~1.元

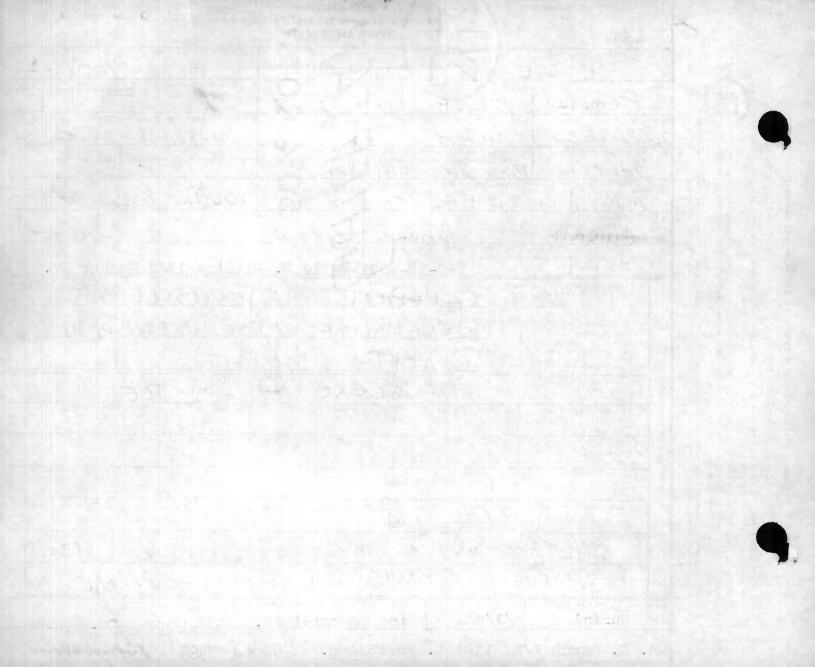


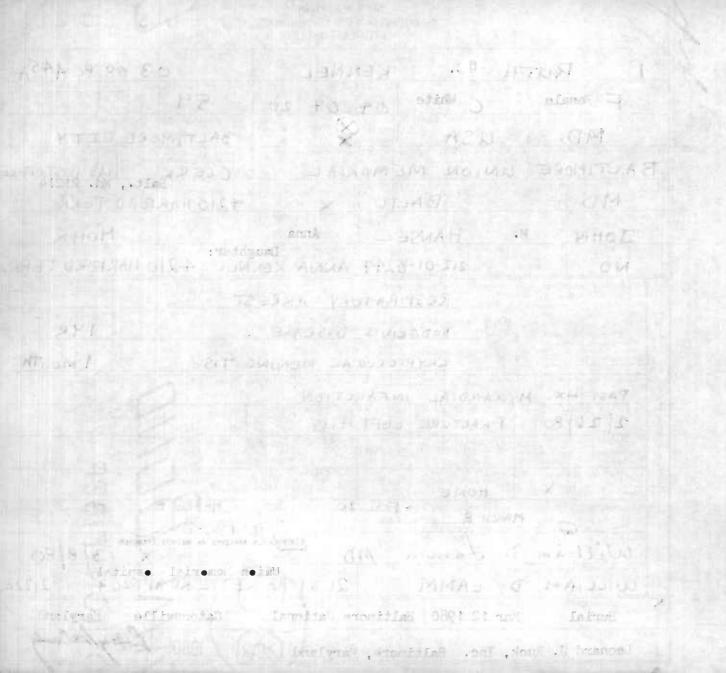
(VR A 15 (4))

	REGISTRAR	CERTIFICATE OF DEATH REG. NO.			
I. D	ECEASED NAME FIRST	MIDDLE	KENNARD	20 DATE OF DEATH	MONTH DAY YEAR 2b HO
3 SI	FEMALE	NEGAD	5 DATE OF BIRTH	6 AGE (IN YEARS LAST BIR	THDAY) IF UNDER LYEAR IF UND MONTHS DAYS HOURS YRS
70 E	BIRTHPLACE (STATE OR FOREIGN) COUNTRY) ATTHEUS CO	76. CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED NUMBER MARRIED NOVEL NOV		MENE CITY
o oil	BAGTIMER E	1. NAME OF HOSPITAL, NURSIN	ADDRESS OH STITUTION	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST O	
og USU 13a	JAL RESIDENCE (IF NURSING HOME OR OS STATE 136 COUN		N. 113d INSIDE CITY LIMITS?	13. STREET ADDRESS	C MECHEN ST
14. F	SOHN SM	IDDLE LAST	15. MOTHER'S MAIDEN NA		LAST
represser tempore corbonopopers, ragging to the processer ragging to the processer of the processer of the corporate transmission of the processer of the proce	WAS DECEASED EVER IN U.S. ARM (YES, NO OR UNKNOWN) (IF YES, GIVE		19-A JOUISE BU	HOCK 41.	ESS 22 Floeron
	PART I DEATH WAS CAUSED IMMEDIATE Conditions, if ony, which	1/1/1	is covolide De	Perman	APPROXIMATE IN BETWEEN QUISET AN
	gove rise to immediate cause (a), stating the underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)				
8 shows ony injur	190. DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200. AUTOPSY?	20b. IF YES, WERE FINDINGS US IN CERTIFYING CAUSES OF DE YES NO
- 0	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DA	21c. HOW INJURY OCCURI		
orked or Item	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA	ARM, ETC.) 211 LOCATION STREET	CITY OR TO	WN COUNTY
ZT: # #em 21 is mo	22a. I certify that (I) (this haspital) attended the deceased fram 19 80, and that in (mV) (aur) apinion death occurred on the date and haur and from the couses strong-obove, (I) (we) (did not) view the body after death.				
	226. SAGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 3/4/				
MPORTAL	22d PHYSICIAN'S NAME (TYPEOR	& Phillips M	10 558 MC/	Vacla St	Barto Md. 22
230	BURIAL, CREMATION, REMOVAL	3/1 /80 23c. N	NAME OF CEMETERY OR CREMATORY	23d LOCATION SPRIOWN 4	6 MO SUNTY 2 275
76 24 F	Where hall Planshall Planshall	Janyes 638000	Gilmor St 250. DAT	E REC'D. BY REGISTRAR	La Mala

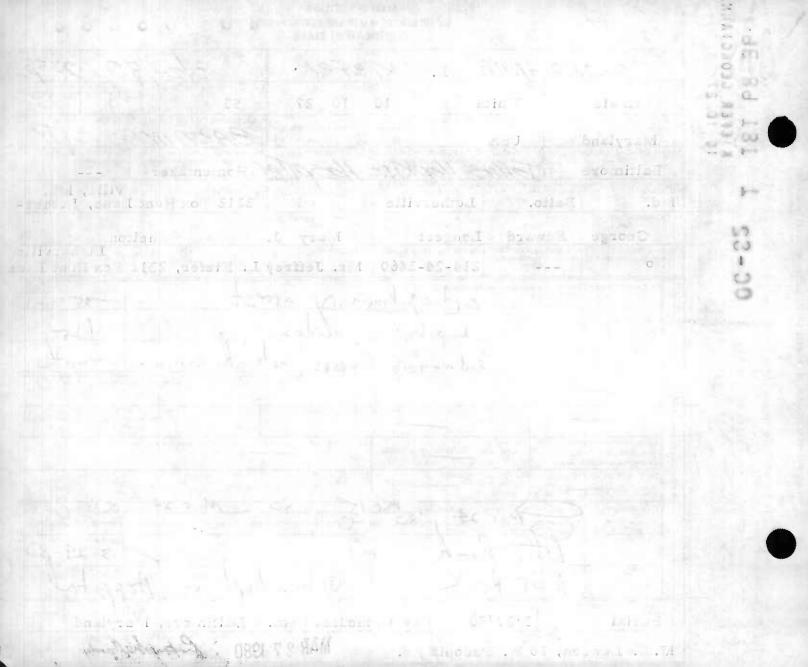
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEN







STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENS - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 2a DATE OF DEATH 26 HOUR TYPE OF PRINTS 3. SEX 5 DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) IF LINDER LYEAR IE LINDER A MR "I'O DAYS Female White 53 TO BIRTHPLACE ISTATE OR FOREIGN 7h CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Maryland WIDOWED DIVORCED [IN CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126. KIND OF BUSINESS OF Baltimore Homemaker USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) ville, Md. 136 COUNTY 134 INSIDE OTY LIMITS? 13a. STREET ADDRESS Md. Balto. Lutherville 2212 Fox Hunt Lane, Luther-NO X 14 FATHER'S NAME IS MOTHER'S MAIDEN NAME Edward George Longest Marv Shelton ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO. 17 INFORMANT Lutherville HER HO OR UNKNOWN) Mr. Jeffrey L. Kiefer, 2212 Fox Hunt Lane 214-24-2460 APPROXIMATE INTERVAL IS CAUSE OF DEATH (Enter only one couse per line for (o), (b), and ic PART I. DEATH WAS CAUSED BY arrea Dulmon at IMMEDIATE CAUSE (o). DUE TO, OR AS A CONSEQUENCE OF hypotension Conditions, if ony, which gove rise to immediate couse (a), stating the ACONSEQUENCE OF underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0 CERTIFICATION 90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20h IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES [NO IT 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER: NOTHEY MEDICAL EXAMINER) P.M. 21d. INJURY OCCURRED 21R PLACE OF INJURY 21f LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OF TOWN COUNTY STATE AT WORK 220.1 certify that (1) (this hospital) attended the deceased from. Mar sow the deceased almoon / (a 1 adotted above. (1) (live) (did (did not) view the body after death. , and that (in my) (our) opinion death occurred on the date and hour and from the causes stated 226 SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF MPORTANT PHYSICIAN DIRECTOR PHYSICIAN 224. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS 23a. BURIAL, CREMATION, REMOVAL 231 NAME OF CEMETERY OR CREMATORY 23b. DATE 23d. LOCATION STATE 3/27/80 Burial New Cathedral Cem. Baltimore, Maryland 24 FUNERAL GIRLECTORILE OF **DHMH-16 25M** M.D. Lawson, 10 W. Padonia Rd. (VRA 15, 4) 1/79



FOR

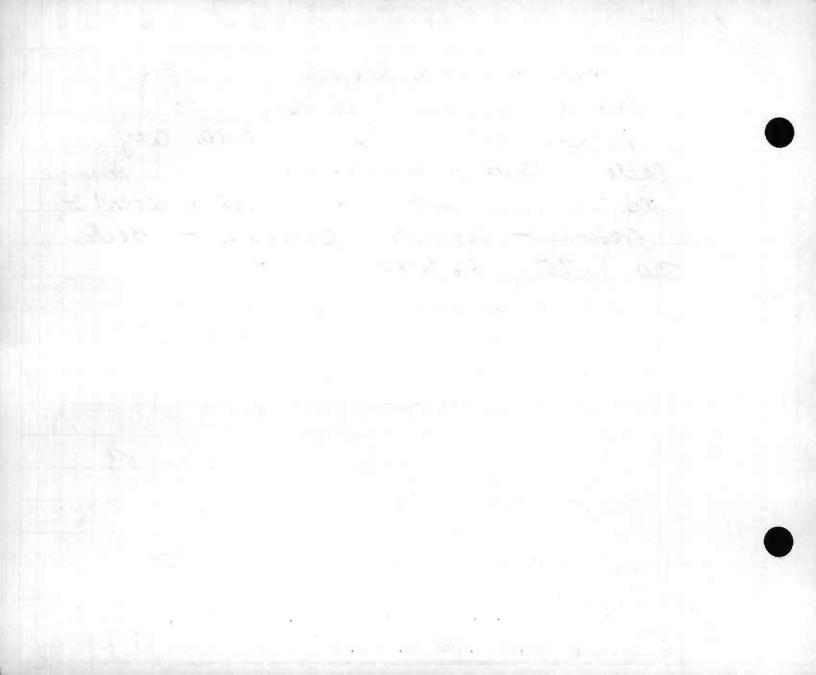
I. DECEASED NAME

REGISTRAR

- STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO MONTH 20 DATE OF DEATH 2b. HOUR AGE (IN YEARS LAST BIRTHDA) IFUNDER LYEAR IF UNDER 24 HRS MONTHS DAYS HOURS 8 **BALTIMORE CITY OR COUNTY OF DEATH** WIDOWED DIVORCED HOSPITAL, NURSING HOME OR OTHER INSTITUTION 26 KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY 134 INSIDE CITY LIMITS? 13e. STREET ADDRESS PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) 20b. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 28e AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOF NO [YES [21c HOW INJURY OCCURRED [ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 211 LOCATION CITY OF TOWN COUNTY STATE and that in (my) (aur) opinion death occurred on the date and hour and from the causes stated DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF DIRECTOR PHYSICIAN PHYSICIAN 22e ADDRESS See 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION Baltimore. Loudon Park (emt. Maryland 250. DATE REC'D, BY REGISTRAR 256. REGISTRAR'S SIGNATURE ully Funeral Home, 130 E. Fort Ave. Balto. Md

DHMH-16 20M (VRA 15, 4) 7/78 24 FUNERAL DIRECTOR



requires that the death certificate be executed within 24 hours after

TTENDING PHYSICIAN: The low

retained by the haspital or attending physician.

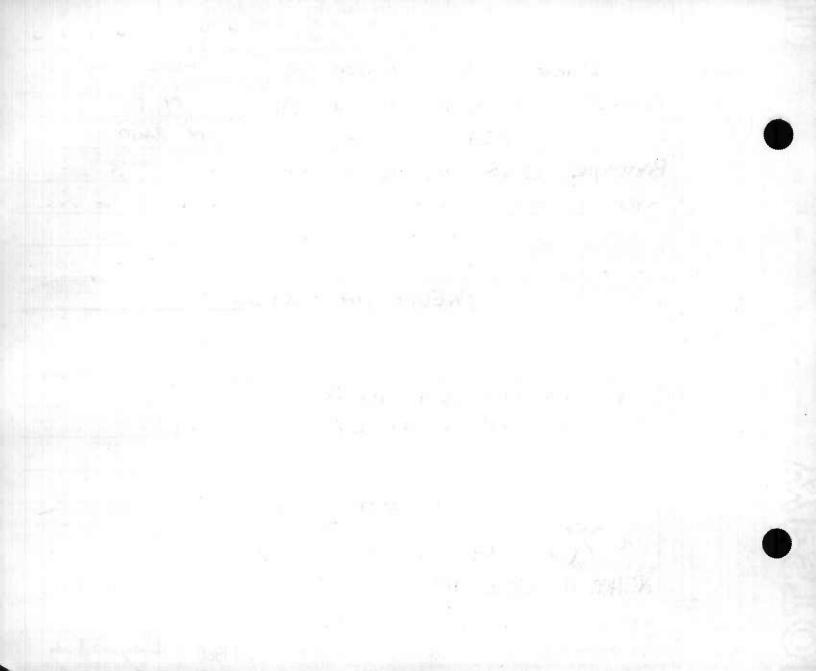
BP.

te	1	FOR - STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 0 0 6 8 0 CERTIFICATE OF DEATH REG. NO.						
		CEASED NAME LOUISE	(nmi)		NDERVATER			26. HOUR 240	
\	3. SE	PEMALE	CAUCASIAN	S DATE O		6. AGE (IN YEARS LAST BIRT		1 YEAR IF UNDER 24 DAYS HOURS A	
335	Ja. B	IRTHPLACE ISTATE OR FOREIGN OUNTRY) IARYLAND	76. CITIZEN OF WHAT COUNTR	MARRIE WIDOWI	D NEVER MARRIED A	P BALTIMORE CITY O	RCOUNTY OF DEA	TH	
notified 2		PARTITION OF DEATH		EET ADDRESS)	OF PAGO	12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF BOOKKEEPER)	WORKING LIFE) INDU	IND OF BUSINESS ISTRY ANSPORTA!	
ed isse	USU 13a	AL RESIDENCE (IF NUITSING HOME O STATE 136 COU	ROTHER INSTITUTION, GIVE RESIDENCE BER	NWO	134. INSIDECITY LIMITS? YES NO	13. STREET ADDRESS	DUDSPRUN	21210 Gra	
Comine	14. F/	ATHER'S NAME FIRST CHARLES	MIDOLE LAST KINDERVATI	ER	JOSEPHINE	WIDDLE	UNK	NOWN	
medical		WAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIV NO	RMED FORCES? 166 SOCIAL SE 212.07		Harry Edwin	ADDRE Frantom 162	Balto. 6 E. Coíd	Md. 212 Spring	
y injury, or othe	TION	KULMANK	DUE TO, OR AS A CONSECUTION OF THE CONDITIONS CONTRIBUTING TO THE CONTRIBUTION OF THE	O DEATH BUT	np ex				
Nows on	CERTIFICATION	03-01-80	HP FRACE		LEFT	YES NO X	20b. IF YES, WERE IN CERTIFYING CA	NO [
Hem 18 s		21g ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH	DAY YEAR	21c HOW INJURY OCCUR	ED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART 1 OR PA	ART 2)	
marked ar	MEDICAL	214 INJURY OCCURRED WHILE NOT WHILE AT WORK	2) PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	E, FARM, ETC.)	211 LOCATION STREET	CITY OR TOW	N COUN	ITY STAT	
Hem 21 is		saw the deceased alive ar	ital) attended the deceased from 3/2 7 19	8010	nd that in (my) (aur) apinion of DEGREE ATTENDING PHYSICIAN (1)	death accurred on the do	22c.	m the couses state	
IMPORTANT: #		ACHUR M.	WEBSON HD		3640 FOR	,	3840 M	uus	
¥-		BURIAL, CREMATION, REMOVAL (SPECIFY) 'remation			EMETERY OR CREMATORY SOUNT CEMETERY	23d. LOCATION CITY OR TOWN BALTIM		STATE	
20M	24 F	UNERAL DIRECTOR	AODRESS		250 DATI	REC'D. BY REGISTRAR	Sh. REGISTRAR'S SI	MATHRE-	

DHMH-16 20M (VRA 15, 4) 7/7B

WALTER BROOKS BRADLEY INC., DUNDALK, MARYLAND

MAR 2 8 1980



STATE OF MARYLAND	1 12						
DEPARTMENT OF HEALTH AND MENTAL HYGIENE	5 0						
REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.							
1. DECEASED NAME FIRST MIDDLE LAST 20. DATE KNOWN X MONTH DA (TYPE OR PRINT) OF ESTI-	AY YEAR 26. HOUR						
CHARLES J. KING OF ESTI- DEATH MATED 3 24	4 1980						
SEX 4 RACE 5 DATE OF BIRTH 6 AGE (IN YEARS IF UNDER 2 YR. IF UNDER 24 HRS. 24 DATE MONTH DA	AY YEAR 2 4000						
male white MONTH DAY YEAR LAST BIRTHDAY) MONTHS DAYS HOURS MIN PRONOUNCED 3 24	4 80 P _M						
TO RIDTHOLOGY (STATE OR THE CITY OF CHINTON							
MARYLAND WIDOWED NEVER MARRIED Baltimore City	MD.						
III CITY OR TOWN OF DEATH III NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 1126 USUAL OCCUPATION (TYPE OF WORK 1126)	KIND OF BUSINESS						
1 41 X N Durcham Stroot	OR INDUSTRY						
JSUAL RESIDENCE (# IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)	EST. ELEC.						
136. STATE 136. COUNTY 136. CITY OR TOWN 136. INSIDE (ITY LIMITS? 136. STREET ADDRESS							
MARYLAND BALTIMORE YES NO 918 n. DURHAM ST. 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME							
FIRST MIDDLE LAST FIRST MIDDLE	LAST						
WILLIAM KING HELEN E. III. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	BRUSAK						
(YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES)							
	ST.						
18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I DEATH WAS CAUSED BY:	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH						
IMMEDIATE CAUSE (a) CHIPOTHIC ODSTRUCTIVE PULMONARY disease							
476 - DUE TO, OR AS A CONSEQUENCE OF							
Conditions, if any, which gave rise to immediate (b)							
couse (a) stating the <u>under-</u> lying cause last. DUE TO, OR AS A CONSEQUENCE OF							
(c)							
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).							
196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 210. EXTERNAL CAUSE WAS 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR 216. HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)	0 AUTOPSY?						
	YES NO XX						
710 EXTERNAL CAUSE WAS 210. TIME OF INJURY 211. HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)	- 42.5						
UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 19 21d. INJURY OCCURRED WHILE NOT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY							
WHILE NOT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY	STATE						
22a. I certify that I took charge of the remains described above, held on Autapsy , Inspection X, Inquiry , and in my opinion							
death resulted from: Notural causes X, Accident , Suicide , Hamicide , Undetermined manner ,							
TITLE (SPECIFY)							
SIGNATURE MUNICIPAL M.D. Assistant MEDICAL EXAMINER SIGNED	3-25-80						
EVA ANDIED'S NIA ME							
EXAMINER'S NAME Margarita A. Korell, M.D. ADDRESS 111 Penn Street							
230, BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION CITY OR TOWN COUNTY	STATE						
BURTAT. 3/27/80 HOLY REDEEMER BALTO.	MD.						
24. FUNERAL DIRECTOR ADDRESS ADDRESS ADDRESS	JATURE						
for Coach (211 Chesaco Ave - MAR 28 1980	Looly						

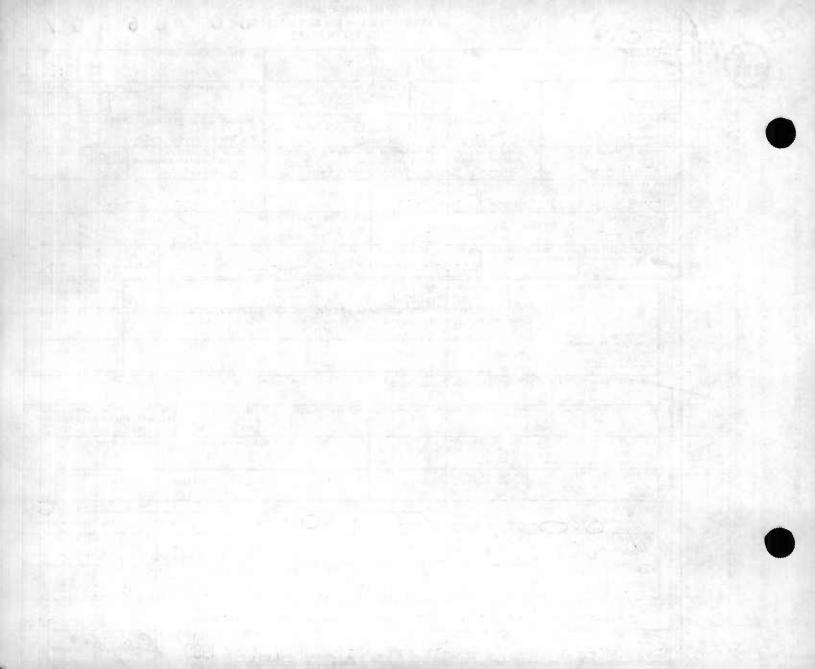
come in the monthly delicented on a record

21222

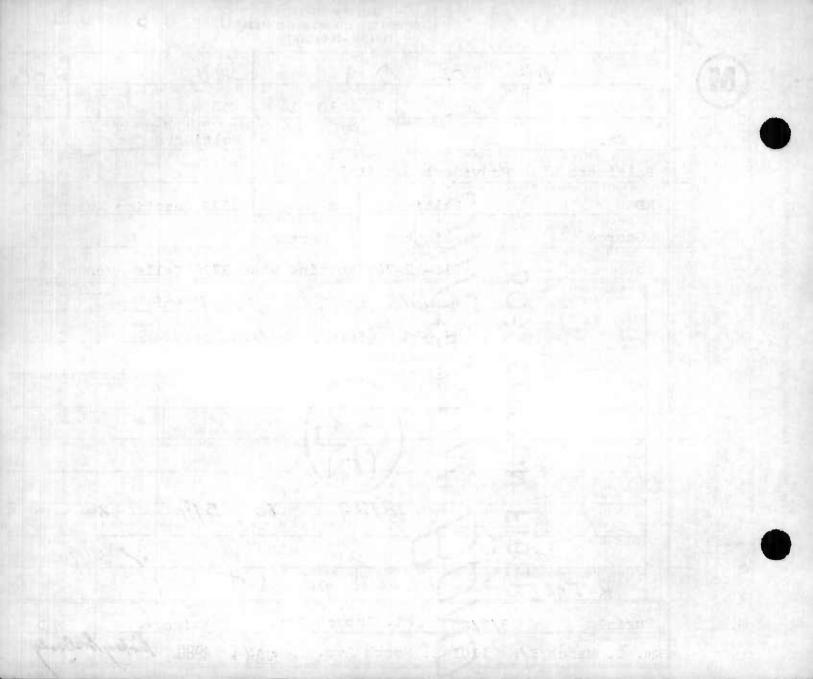
7922 Wise Avenue, Dundalk, MD

(VRA 15, 4) 1/79

STATE OF MARYLAND



STATE OF MARYLAND



4	L	FOR - STATE REGISTRAR			MENT OF HEAL CERTIFICA		ENTAL HYGI	REG. NO.	68	0 9
y be page 3 death		CEASED NAME PRIST MARGA	ARET J		KIF	RK		MARCH 4, 19	BO YEAR	11:35
sctor, pa safter d	3 SE	FEMALE	* RACE WHITE		5 DATE OF B	PAY 20	1912	6. AGE (IN YEARS LAST BIRTHDAY) 67 YRS	MONTHS DAYS	IF UNDER 24 HRS
uneral dir	7a. 8	RTHPLACE (STATE OR FOREIGN OUNTRY) Md.	USA	T COUNTRY?	MARRIED X	NEVER MA	ARRIED	BALT I MOR		M
by the fur led within		BALT I MORE	THE JOH	INS HO	PKINS	HOSP		170. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING Factory	LIFE) INDUSTRY	of Business or ndustry
400 july 130	13a. S	AL RESIDENCE (IF NURSING HOME STATE ND 136 COL	UNTY , 1 113c.	RESIDENCE BEFORE CITY OR TOW BALTIM	ORE 136		VO 1	13R STREET ADDRESS 106 KINGSLE	Y ROAD	
0.50 pp. 30			TEWART	REÑN I	E	ANTÓ		ELIZABETH	MEL'	CHAR
ficate be exec		VAS DECEASED EVER IN U.S. A res, no or unknown) (18 yes, g NO	IVE WAR OR DATES)	SOCIAL SECU 213-03-		INFORMAN	T	ADDRESS		CHATE INTERVAL
v requires that the death cert in Signed by the attending pur hen please remove carbon per to burial, cremation, or rem in injury, or other traumation	Z	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT	DUE TO, OR AS	A CONSEQUE MITRAL	CARDIK INCE OF VALVE I	REPLAC	EMENT	AUSE UNKNOWN	GIVEN IN PART I	01
an. catemas bee catemas bee iit permit. T ygiene prior 18 shows ar	CERTIFICATION	19a DATE OF OPERATION 2 2 6		TRAL	STENOS	15	We.		YES, WERE FIND II TIFYING CAUSES YES	
DING PHYSICIX ttending physicis After this certifi s the burial-trans th and Mental H marked or Item	MEDICAL C	OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED	P.M. 21s PLACE OF IN	MONTH DA	19 21	LOCATION		CITY OR TOWN	COUNTY	STATE
hospital or attending hospital or attending DIRECTOR? After hed for use as the Dept_of Health and If Item 21 is marke	×	WHILE NOT WHILE AT WORK 27e. I certify that (1) this has saw the deceased alive above. (1) (we) (did) (did 77b. SIGNATURE	3 4 50	ceased fram_ 19_1 r death.	2/25/8	nat in (my) (a	. 19 <u>80</u> our) opinion d	to 34 90 eath occurred on the date and h	19 80	that (I) (we) la
TO HOSPITA retained by the N TO FUNERAL D should be detäch with the State D IMPORTANT: II	23a E	224 PHYSICIAN'S NAME (TYPE BURIAL, CREMATION, REMOVA SPECIFY)	ORPRINT) Kenneth AL 23b. DATE	Kem	22	e ADDRESS		MEDICAL STAFF DIRECTOR DEHYSICIAN D AS HOPKINS HOSP 134 LOCATION CITYORTOWN	3/4/ ital	STATE
DHMH-16 25M	24 F	Removal UNERAL DIRECTOR	3/4/80	ADDRESS			114	REC'D. BY REGISTRAR 250. REG	ISTRAR'S SIGNA	TURE THE
(VRA 15, 4) 1/79	Ar	natomy Board	Balt	o., Md			MAR	1 0 1980	Bone Boat	acordia .

early following and protection of the first of the second control - S DO - 25 CW 0 = TO 2 00

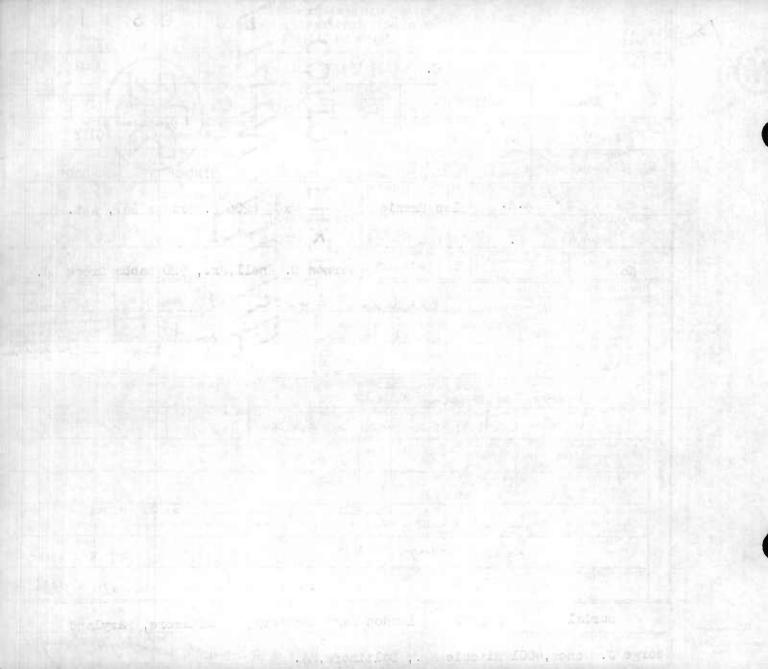
STATE OF MARYLAND

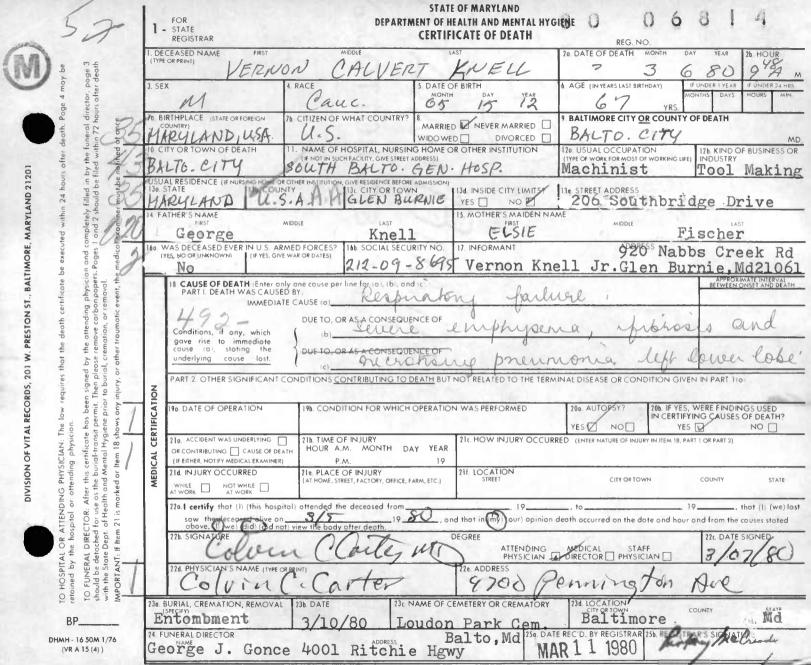
Car Car Car Index administration of the commence of the car Carlotte of the car BUT OFFICE OF THE PROPERTY OF THE PARTY OF T The second secon Extended the second of the first and the second of the sec The second of the second secon Thomas long to the source will be The second control of the second the property of the second of

eran or har Some	KINDY		un Ul
NAME OF STREET			Duranti d
BALTMORE KITY		800	
	AN OUT DAY DESIGN		
SPEC FARE KED THE			MARK WASA
	e sewale in		
	Timeselle 3		ALL DATES
		was the	
	Televisia La		
	10	north free	
VINCENTERS IN SALAKI		ot DaM	A STATE

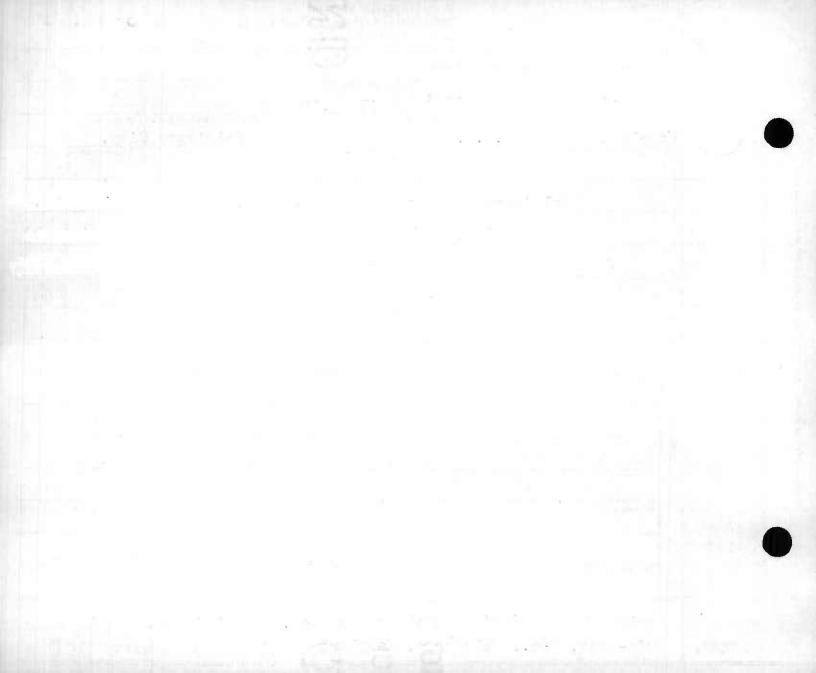
	3-22-80	ingens tedn		contles	
	69	01-92-9	et	Life	of Car
	Religious Of	X	ASI	C	aryland
American C	Disparence	Lastraca	amiland Conoral		ercepti Lot
St.	1303 W. Loth	Y	Paltimore		bralyta
rires		Ida	ing nstein	C. KI	Charles
W. Loth St.	ngenstein 1303	ear ret Kli	217-16-0711		0/1
		The state of the s	tel castrolutes	7 - 3	C1.100.1
					72000
					C12880
					(1.181)
					(1284)
	3-22		0-1 -08 \$1		(1.784)
			2 2 80		(1.2 88.)
			0-1 -08 \$1	Pinanta m	
	d General Mose		5/30 ore	Dinanta m	

TX	1.	FOR STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEDE 0 0 6 8 1 3 CERTIFICATE OF DEATH REG. NO.							
(M):		CEASED NAME FIRST CAT	HERINE	C.		KNELL	2a DATE OF DEATH	3 26	19 80 2b	HOUR 11.30 AM
ge 4 C	3. SE	× EMALE	4 RACE WHI	TE	5 DATE (6 AGE IIN YEARS LAST BIRT	HDAY) IF UP	NDER I YEAR IF	UNDER 24 HRS
death. Po		RTHPLACE (STATE OR FOREIGN OUNTRY)		WHAT COUNTRY?	MARRIE WIDOWI	D NEVER MARRIED DIORCED DIORCED	BALTIMORE CITY O	RCOUNTY OF		MD.
by the fulled with	(Saltinole	ON LIN SU	Balling GIVE STREET	LODRESS)	eral Hospital	170 USUAL OCCUPATI (TYPE OF WORK FOR MOST O BINDER		126. KIND OF BI INDUSTRY BOOK	
IAND 2 1:	13a 3	AL RESIDENCE (IF NUR LIFE DE LA COLLECTION DE LA COLLECTI	A . A .	Glen Bur	N	YES NO	13e STREET ADDRESS 206 S. Bri	dge Rd.	. Apt.	В
MARYLa bmpletely and 2 sh	14 FA	THER'S NAME THOMAS	E.	ONNEL	۲×	15. MOTHER'S MAIDEN NAM	NINE MIDDLE	l	LUSB	у.
be executed on and control on and control on the co	16a V	VAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY N VES, NO OR UNKNOWN) 1 (16 YES, GIVE WAR OR DATES) 212-69-869				Vernon C. Knell, Jr., 920 Nabbs Creek Rd.				
ION ST., BAL' sith certificate ending physicic carbon paper carbon paper notic event, the		18 CAUSE OF DEATH Enter of PART I. DEATH WAS CAUS	ATE CAUSE (a)	or line for (a), (b), and	diai	i Aresh	. Pento	notie;	APPROXIMAT BETWEEN ONSE WILL WILL A	court.
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST NG PHYSICIAN. The low requires that the death cert ther this certificate has been signed by the ottending pass the bural-transit permit. Then please remove carbon th and Mental Hygiene prior to bural, cremotion, or ren arked at Item 18 shows any injury, at ather traumatic ev		Canditians, if any, which gove rise to immediate couse (0), stofing the underlying cause last.	(c)	KIMA DR AS A CONSEQUE		Pompheral ? B Cereb	Enths.	hon	, 4.	inforation
DRDS, 2 require require to Then por to bur to bur y injury.	TION		ichre B	moun le	sion	9			= 1111	
TAL RECOR	CERTIFICATION	190 DATE OF OPERATION	Pe	ripheral		N WAS PERFORMED Man discase	YES NO	20b. IF YES, WE IN CERTIFYING YES	G CAUSES OF	
SICIAN: ng physic certificat prial-tran tental Hys	MEDICAL CE	?1g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI JIF EITHER, NOTIFY MEDICAL EXAMINE	EATH HOUR A	.M. MONTH DA	Y YEAR	21t. HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART 1	OR PART 2)	
DIVISION NG PHYS ther this as the bu th and M arked ar	MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE (AT HOME, ST	OF INJURY REET, FACTORY, OFFICE, F.		211 LOCATION STREET	CITY OR TOW		YINUO	STATE
ATTENDI spital ag CTOR: A I for use af Heal		22a I certify that (t) (this hasp saw the deceased alive a abave, (l) (we) (did) (did n	in 3	1,26 10	0	nd that in (my) (our) opinion o	eath accurred on the do			t (1) (we) last ses stated
by the hosping to the control of the property	8	22b. SIGNATURE	hjori	S. Comji		DEGREE ATTENDING PHYSICIAN	MEDICAL STAP DIRECTOR PHYSIC	F IAN 🖄	3 · 26	NED .
TO HOSPITAL TO FUNERAL should be detu		22d. PHYSICIAN'S NAME (TYPE	ORPRINT)	· OD		220 ADDRESS South	Ballimore	Genera	1 Ho	gulat
BP	(Burial, cremation, remova SPECIFY) Burial	3/29			EMETERY OR CREMATORY Park Cemetery		ore, Mar	yland	STATE
DHMH - 16 50M 1/76 (VR A 15 (4))		UNERAL DIRECTOR DESCRIPTION OF THE PROPERTY OF	001 R1+	ADDRESS	Ba 1+		REC'D. BY REGISTRAR	25k BESJS HAR	SHOULD BE	dy

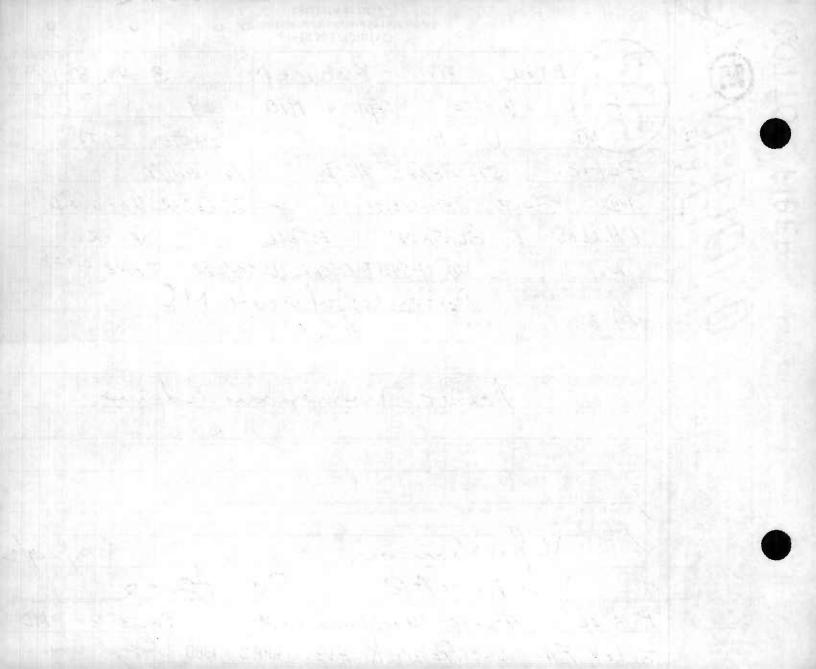




Ashareling well all the Lien honrey " - The Softwarint 3/10/30 Loudon erx Jam. altimore Warylan Debre 1. Jones 4001 Sitchia How MARIL New ARRIL New ARRIVAN STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE



12/	50	1.	FOR - STATE REGISTRAR	DEPARTI	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH		6 8 1 6
	M		CEASED NAME FIRST EIV	a m	Kah mer	REG. NO. 2a. DATE OF DEATH MONTH	DAY YEAR 26 HOUR AM
	director hours at	3 SE	F	A RACE WHITE TO CITIZEN OF WHAT COUNTRY?	S. DATE OF BIRTH SEPT. BAY 1910	6 AGE (IN YEARS LAST BIRTHDAY) 6 9 YRS 9 BALTIMORE CITY OR COUN	
	In 72	C	OUNTRY) MD.	U.S.A.	MARRIED NEVER MARRIED WIDOWED DIMORCED	BALTO.	CiTY MD.
11201	in by the filled	USU	BALTO. AL RESIDENCE (IF NURSING HOME OR	OTHER INSTITUTION, GIVE RESIDENCE BEFOR	S HOSP.	TYPE DE WORK FOR MOST OF WORKING	
MARYLAND 21201	rinin 24 reity filled 2 should iner/mus		ATHER'S NAME	130. CATENSU			LOOD RD.
ORE, MAR	pages 1 and 7	16a V	MAS DECEASED EVER IN U.S. ARA YES, NO OB UNKNOWN) (IF YES, GIVE	MED FORCES? 166 SOCIAL SECUMAR OR DATES)	4 4 4	ADDRESS	PUER INST
BALTIMORE,	physician or popers. Par noval.		NO	2/2 - 0/- 5 y one couse per / e for (a) (b), on	436BOSCAR W.1	LAHMER SA	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PRESTON ST.	ottending pove corbon			DUE TO, OR AS A CONSEQUI	#SCV))·	
DIVISION OF VITAL RECORDS, 201 W.		TION	underlying cause last PART 2. OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO	DEAD TRELATED TO THE TERM	my Eder	na
rAt RECO	hos b hos b i perm ene pr	CERTIFICATION	19a DATE OF OPERATION		OPERATION WAS PERFORMED	YES NO IN CER	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO
N OF VII	ng phys certifico prial-tror ental Hy Item 18	MEDICAL CE	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED	216. TIME OF INJURY HOUR A.M. MONTH D. P.M. 21e PLACE OF INJURY	YEAR 19 21f LOCATION	ED (ENTER NATURE OF INJURY IN ITEM)	B, PART 1 OR PART 2)
DIVISIO	After this eos the bu	ME	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE,	ARM, ETC.) STREET	CITY OR TOWN	COUNTY STATE
	he hospital DIRECTOR: toched for us Dept. of He If them 21 is	~	sow the deceased alive an above, (1) (we) (did) (did no 226 SIGNATURE	19	DEGREE ATTENDING PHYSICIAN	death occurred on the date and h	our ond from the couses stated 22c. DATE SIGNED
STORY OF STREET	FUNER FUNER The St		VS	UKUYAT	2 The ADDRESS	- Agne	3
4002	BP	1	BURIAL, CREMATION, REMOVAL SERVEY) DURIAL UNERAL DIRECTOR		NAME OF CEMETERY OR CREMATORY 1500 LAWN CEM	23d. LOCATION CITY OR TOWN EREC'D. BY REGISTRAR 25b. PEG	COUNTY MD.
	AH - 16 50M 1/76 (VR A 15 (4))	F	ARLEY F.H.	660/FREDER	ICK AVE. APR		try Mc Credy



MIRAY K KOLARIK

Leonard J. Ruck, Inc. 5305 Harford Rd. 21214

FOR

- STATE

REGISTRAR

24 FUNERAL DIRECTOR

DHMH-T6 25M (VRA 15, 4) 1/79

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE; CERTIFICATE OF DEATH REG. NO

76 HOUR

HOURS

12h KIND OF BUSINESS OR

Glinka

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO [

STATE

one hour

#13

206. IF YES, WERE FINDINGS USED

COUNTY

THE DATE BIGNED

YES [

BY REGISTRAR 256 1980

IN CERTIFYING CAUSES OF DEATH?

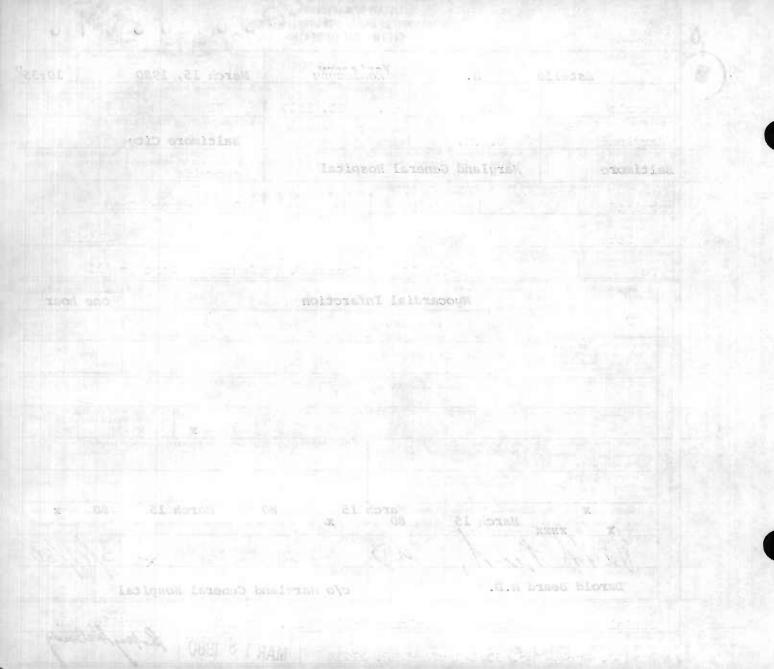
Same as

IF UNDER I YEAR

DAYS

10:3

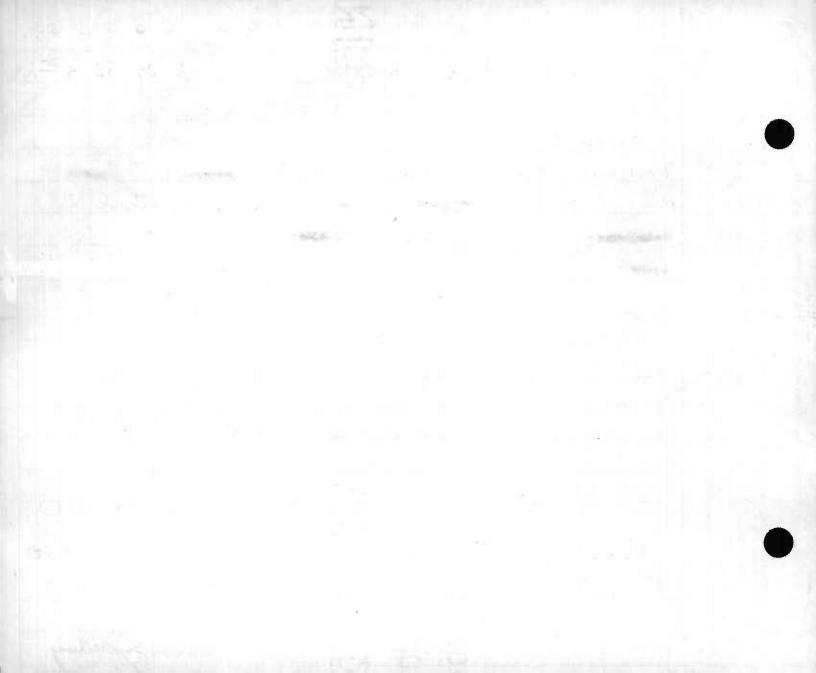
IF UNDER 24 HRS

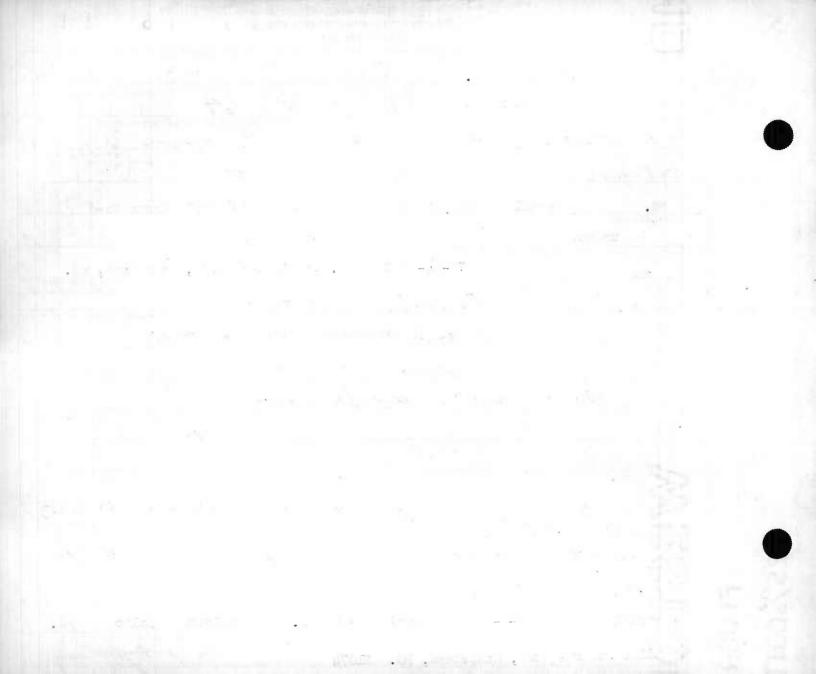


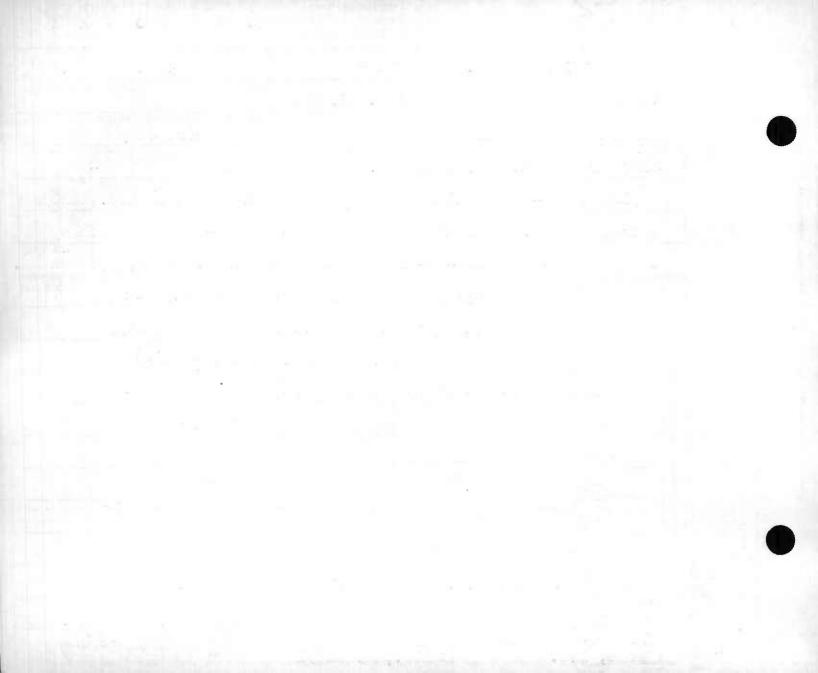
	1	FOR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY	RIENE CO F S	A ()		
5	יון	STATE REGISTRAR	DEI AN	CERTIFICATE OF DEATH	REG. NO	U 6 3	19	
	I. DI	ECEASED NAME FIRST	MIDDLE	LAST	2a. DATE OF DEATH	MONTH DAY YEAR	26 HOUR	
2 /1		HELEN	С.	KREINER	MARCH 11 1	1980	10:15AM	
age 4 ma	3 SI	Female	RACE	S. DATE OF BIRTH MONTH JUNE 14, 1903	AGE (IN YEARS LAST BIRT	HDAY] IF UNDER 1 YES		
death. P	70. E	STATE OR FOREIGN STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED WIDOWED DIVORCED	1 62 11	ECOUNTY OF DEATH	MD.	
by the fued within	10.	21 temore	11. NAME OF HOSPITAL, NURSI		TYPE OF WORK FOR MOST O	F WORKING LIFE! INDUSTR	D OF BUSINESS OR RY	
thin 24 ho thin 24 ho ould be fill		STATE 136 COUN		YES NO [13. STREET ADDRESS	my. Royal 1	fra	
npletel wi	14 F	ATHER'S NAME Michael "	ADDIE Single	15. MOTHER'S MAIDEN NAME ANDLE LAST				
be execunated and con Pages 1 are	léa	WAS DECEASED EVER IN U.S. ARA	war or dates 31207	17 INFORMANT S. 3214 FROMK S.	Kremen 1	600 ce. m1.	Royal Ano	
201 W. PRESION ST., guires that the death certification by the attending phenese readon polarist cermation, or remainly, or other traumatic		Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE (b) ACUTE OF DUE TO, OR AS A CONSEQUENCE (c)	YOCARDIAL INFARCTI	ON		1(0)	
The law rechange in the law rechange in the law rechange in the law rechange in the prior to thows any in	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH	HOPERATION WAS PERFORMED	20a AUTOPSY?	206. IF YES, WERE FININ CERTIFYING CAUS	IDINGS USED	
PHYSICI, up physicis this certification with the physicis or the physicis of t	MEDICAL CE	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED		19 211 LOCATION	RED (ENTER NATURE OF INJUI		2] STATE	
DIVISION DIVISIONI D		WHILE NOT WHILE AT WORK 22a.1 certify that (1) (this haspit saw the deceased alive an, abave, (1) (we) (did) (did not	tal) attended the deceased from MARCH 11 19	MARCH 8 , 19 80 80 , and that in (my) (aur) aprilian		1980 ate and hour and Iram t	, that (I) (we) last the causes stated	
PITALOR Aby the hosping by the hosping ERAL DIRE e detached for State Opt If there		27% SIGNATURE	& Miles	DEGREE ATTENDING PHYSICIAN	MEDICAL STAI	271. DA	11/80	
TO HOSPITAL retained by the TO FUNERAL should be detact with the State IMPORTANT:		MARCOS	B. GALICÍA	Jr. M. CHUNCH	HOSTITA		231 IOSPITAL	
BP		BURIL, CREMATION, REMOVAL	3-14-80 G	Ipu Haven and	23d LOVATION CITYORTOWN		Molitate	
901 DHMH-16 25M	24	UNERAL DIRECTOR	1 1211 Cookses		TE REC'D. BY REGISTRAR		McCreody	

-1-2-3 District Front Language Comment of the state of the Menin & Labine Ja ma X 3/11/80 MARCOS B CARCIERA GIAGO EHLICH HOLGIFA! Same to Be the second will be an a family

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 7s DATE OF DEATH I. DECEASED NAME MIDDLE LAST DA (TYPE OR PRINT) AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS 4 RACE 3. SEX 5. DATE OF MONTHS DAYS HOURS MONTH YEAR 20 **BALTIMORE CITY OR COUNTY OF DEATH** 76 CITIZEN OF WHAT COUNTRY To BIRTHPLACE ISTATE OR FOREIGN MARRIED NEVER MARRIED COUNTRY TIMORE DIVORCED WIDOWED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION ID CITY OF TOWN OF DEATH 17e USUAL OCCUPATION 17h KIND OF BUSINESS OR ETYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY Jenero DALTIMORE Housewife JSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13e STATE 136 COUNTY 134 INSIDE CITY LIMITS? 13e. STREET ADDRESS 002 Middle River IL FATHER'S NAME 15 MOTHER'S MAIDEN NAME 2 FIRST MIDDLE MIDDLE LAST Lentz Ambrose ben Marv ADDRESS 7002 Greenbank Rd. 166 SOCIAL SECURITY NO 17 INFORMANT 168 WAS DECEASED EVER IN U.S. ARMED FORCES? IYES. NO OR UMKNOWNI (IF YES, GIVE WAR OR DATES) Balto. MD 216-01-6453 Joseph No BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which immediate cause 1101, stating DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 70a AUTOPSY? 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 706 IF YES, WERE FINDINGS USED 190 DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? NO M NOL YES 71a ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH Hen MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 211 LOCATION 21d INJURY OCCURRED 21e. PLACE OF INJURY STREET CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE WHILE AT WORK AT WORK 220.1 certify that (I) (this haspital) attended the deceased from 80 and that in (my)Cour) opinion death accurred on the date and hour and from the causes stated above, (1) (we) did) did nat) view the body after death DEGREE 22c. DATE SIGNED ATTENDING MEDICAL mL DIRECTOR PHYSICIAN P PHYSICIAN MPORTANT 77e_ADDRESS 22d. PHYSICIAN'S NAME STYPE OR PRINT. the b £ 0 23d LOCATION 73c. NAME OF CEMETERY OR CREMATORY 730 BURIAL CREMATION, REMOVAL 236 DATE STATE CITY OR TOWN COUNTY (SPECIFY) /80 St. Stanislaus Baltimore Maryland Burial BP. 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR Duda-Ruck, Inchess **DHMH-16 20M** 21222 (VRA 15, 4) 7/78 7922 Wise Avenue, Dundalk, MD







Catonsollie, did, 21228

	water in	Mont town	-11 c 10		-
121 to 0 122					
material megalintani				emplo sil	
and the state of the state of				. 18	
	ARTHU.			respectively.	
naced Detrotopolic Janen	1 4 30 4	141-60-004	h and	AS Y	
		C. S. C.			
		ν.			
		N COMMITTEE FOR			
Markal Hill Cornels				1414-5160	77

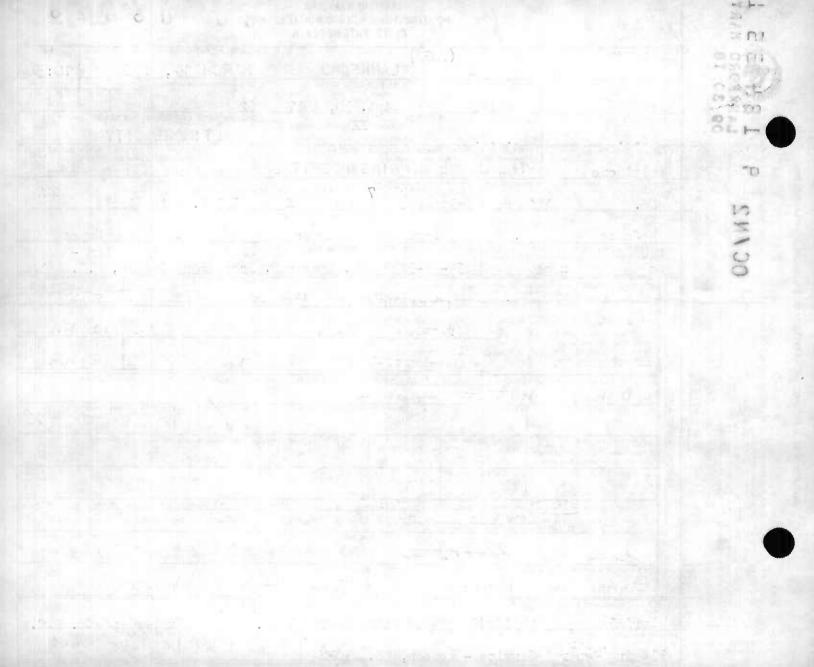
Items 7a g542 4/18/80 g;

alle Born 2308 2. Mile There of the transmission of the second of t

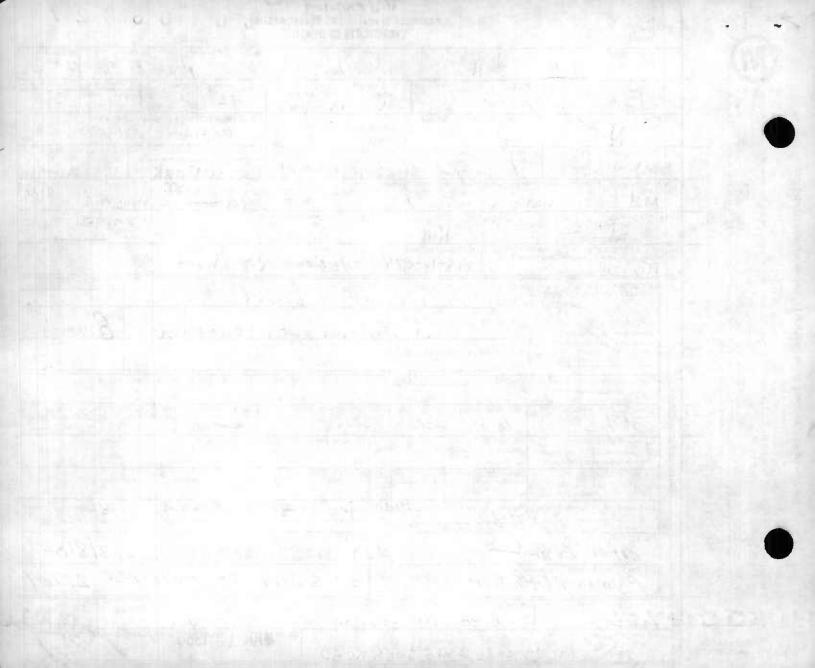
		CEASED NAME FIRST	MIDDLE				
		E OR PRINT)	***************************************		AST	20 DATE OF DEATH MONTH	DAY YEAR 26. HOUR
eu 1		Mabel Mab	le Taylor	I	ANE	MARCH 9, 19	80 5:15
	3. SE	X	4 RACE	S. DATE C		6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 I
ecto rs af		Female	White	6	20 05	74 YR	
meral dir 72 hou	7a B	RTHPLACE (STATE OR FOREIGN COUNTRY) Virginia	75. CITIZEN OF WHAT COUNTRY USA	MARRIE WIDOWE	D NEVER MARRIED	Baltimore Baltimore	
by the fu		Baltimore	11. NAME OF HOSPITAL, NURS 805 McCabe A	ING HOME (LET ADDRESS) VONUE		12e USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKIN Clerk	IZE KIND OF BUSINESS INDUSTRY Drug
Filled in uld be fill	13e.	AL RESIDENCE HE NURSING HOME OF STATE HIS COUN	NOTHER INSTITUTION, GIVE RESIDENCE BEF	NWN	134 INSIDE CITY LIMITS?	13. STREET ADDRESS 805 McCabe	
npletely of 2 shou	14. F.	ATHER'S NAME	MDDLE Taylor		15 MOTHER'S MAIDEN N	AME	Smallwood
d cor	16e, 1	WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SE		17 INFORMANT	ADDRESS	DIIIO LL WOOK
n and Pages	1	YES, NO OR UNKNOWN) I IF YES, GIVE	E WAR OR DATEST 218 32	2 688	Miss Ru	th Taylor	Balto., 1
sw requires that the een signed by the at Then please remove or to burial, cremati any injury, or other	NO	Conditions, if ony, which gove rise to immediate cause 10), stating the underlying cause lost PART 2 OTHER SIGNIFICANT (DUE TO, OR AS A CONSEO	uera	11 .	MINAL DISEASE OR CONDITION	/ / /
e has be ene pries shows	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATIO		200 AGTOPSY? 206. IF	YES; WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO
DING PHYSICIAN trending physician. After this certificat s the burial-transit th and Mental Hygi marked or Item 18		218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH	DAY YEAR	21¢ HOW INJURY OCCU	RRED JENTER NATURE OF INJURY IN ITEM	18, PART 1 OR PART 2)
ENDING PH or attending of the sasthe buring as the buring all the sasth and M is marked of the sasthe sasth and M	MEDICAL	214 INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFIC		211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
hospital or a birder or a birder for use a bed for use a bept. of Heal if Item 21 is		sow the deceased alive an abave, (I) (we) (did) (did no	ital) attended the deceased from May 7 19 19) view the body ofter death.	80 ,01		n death occurred on the date and	
TO HOSPITAL Stratined by the hose TO FUNERAL DII should be detached with the State Opposite Hospital Strate Opposite Hospital Strategies Hosp		226. SIGNATURE The clirich 226. PHYSICIAN'S NAME (TYPE O		ne	22e ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	3-10-80
- E - De C	03	Dr. Frederi		M.D.	EMETERY OR CREMATORY	Road Balto	Md.
Otto Cast Maria			23b. DATE 23c	NAME OF C	PARTERY OR CREMATORY	173d LOCATION	COUNTY STATE

remails white a same shore the constitution of				i wilter	oddae Isa
Thought and a constant bound on a constant to come with the constant bound on a constant bound on a constant bound on a constant bound on a constant constant bound on a constant constant constant bound on a constant con			32	S postalling	
Bootefface and Secretary and S			123		alniquev e
Boowerflaus Busen Busen Busen Galler Co. 220 32 23 23 23 23 23 23 23 23 23 23 23 23				etter in ada all	hij wronidial
				ecom' LLR I	hear-femal
	becarlass	0.00			
	1.04 F#		kI.		
		i a			

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG NO 20 DATE OF DEATH DAY 1. DECEASED NAME YEAR 2h. HOUR PAGE (TYPE OR PRINT) MARY F LANKFORD 1980 MARCH 14. 10:30M & AGE (IN YEARS LAST BIRTHDAY) 3 SEX 4 RACE 5 DATE OF BIRTH IF UNDER I YEAR IF UNDER 24 HRS MONTH YEAR HOURS Female Sent TO BIRTHPLACE ISTATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY BALTIMORE CITY DIVORCED [WIDOWED IN CITY OF TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 12h. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY LIF NOT IN SUCH FACILITY, GIVE STREET ADDRESS! HOPKINS HOSPITAL Baltimore Homemaker USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION NI COUNTY 13a. STATE 1136 CITY OR TOWN? 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 21227 Baltimore Baltimore YES [NO TX Twin Circle 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE LAST FIRST MIDDLE Page James Agnes ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT Box -8/A (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) none APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a), DUE TO, OR AS A CONSEQUENCE OF Dackmal Conditions, if any, which gave rise to immediate couse (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying cause lost ration ke tima PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11g CERTIFICATION 5 hacin 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED 9a DATE OF OPERATION CONDITION FOR WHICH OPERATION WAS PERFORMED has trmît IN CERTIFYING CAUSES OF DEATH? NOF NO II YES V YES [urial-transit p 71a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 0 21. PLACE OF INJURY 21f LOCATION 21d. INJURY OCCURRED CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE WHILE AT WORK AT WORK March 22a.1 certify that (1) (this hospital) attended the deceased from_ .19 00 , and that in (my) (our opinion death accurred on the date and hour and from the causes stated March 14 sow the deceased alive on ___ above, (11) we) (did) (did not) view the body after death 226. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF 80 MPORTANT State PHYSICIAN DIRECTOR PHYSICIAN 224 PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS uld be JAMES HATHORN ohns phins 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION CITY OR TOWN COUNTY STATE (SPECIFY) afavette Memorial Buria Comberland Co. 250. DATE REC'D. BY REGISTRAR 256. MEGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR ADDRESS DHMH-16 25M E. Barnes (VRA 15, 4) 1/79 Service - Benson, Md.



₩ 1.	FOR STATE REGISTRAR	DEPAR	STATE OF MARYLAND TMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENES O CONTRACTOR OF THE PROPERTY OF THE PRO	6 8 2 1
(M)	1. DECEASED NAME (TYPE OR PRINT)	larkin H	Martha	20 DATE OF DEATH MONTH	8 SO 7 40 PM
age 4 m. ector, ph. rs after di	3. SEX /=	1 PACE W	S. DATE OF BIRTH MONTH DAY YEAR 1908	6 AGE (IN YEARS LAST BIRTHDAY) 72 YRS	IF UNDER 1 YEAR FUNDER 24 HRS MONTHS DAYS HOURS MIN
dearm. P n 72 hour	7e BIRTHPLACE (STATE OR FO	REIGN 76 CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED WIDOWED DIVORCED	1/4/3 200/4	City MD.
by the fundithin	Baltimer-	University of	Mary End (B.CRE)	120 USUAL OCCUPATION (17PE OF WORK FOR MOST OF WORKING	SLIFE) 126, KIND OF BUSINESS OR INDUSTRY S.S. ROMING
AND 212 thin 24 ho vild be fill	M C	ING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEF 136 COUNTY 136. CITY OR TO BATI M-L	WN 134. INSIDE CITY LIMITS? YES NO	13. STREET ADDRESS ST.	stans Rd 21212
ecuted with completely land 2 shown redical examples and 2 shown redical e	14 FATHER'S NAME FIRST RIC	B 12011	15 MOTHER'S MAIDEN N.	WIDDLE	SAMRIFER
FALTIMORE, N ficate be execu siscian and com oers. Pages 1 an event, the med	166 WAS DECEASED EVER	IN U.S. ARMED FORCES? 166 SOCIAL SEC (IF YES, GIVE WAR OR DATES) 218-14		Pt chart	APPROXUMATE INTERVAL BETWEEN ONSET AND DEATH
ORDS, 201 W. PRESTON ST., B. law requires that the death certifulation of the standard paper in the please remove carbon paperior to burial, cremation, or remove any injury, or other traumatic en	Conditions, if any, gave rise to imm cause (a), stating underlying cause PART 2 OTHER SIGN	DUE TO, OR AS A CONSEO	UENCE OF LENCE OF LENCE OF	MINAL DISEASE OR CONDITION C	BMONTH GIVEN IN PART 1(0)
VITAL RECC	21a. ACCIDENT WAS UND	to have West	HOPERATION WAS PERFORMED TO PER OCCUPANTION AND THE PERFORMENT OF THE PERFORMENT O		YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO REPORT 2)
DIVISION DIVISIONI DIVIS	WHILE NOT WHAT WORK AT WORK	ED 210 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE		CITY OR TOWN	COUNTY STATE
TO HOSPITACON ATTER retained by the hospital or TO FUNERAL DIRECTOR should be detached for use with the State Dept. of Her MIMPORTANT: If Item 21 if	sow the decease	Al Hand	DEGREE M ATTENDING PHYSICIAN 120 ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNED
TO HO retained TO Full should a with th	230 BURIAL, CREMATION, I	770	NAME OF CEMETERY OR CREMATORY	1234, LOCATION	-1.4 2/20/
2778BP	CRECITY) CRECITY 24 FUNERAL DIRECTOR NAME	3-10-80 N	UESTVIEW 250. DA	BALTIMVIAE	COUNTY STATE DARYLAND
(VRA 15, 4) 1/79	EVANS FUNZ	RALLHAPIL 2325	YORK ROAD		1



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE OF DEATH 26 HOUR (TYPE OR PRINT) FRED LAFORTEZZ 17-80 4. RACE 3. SEX 6 AGE (IN YEARS LAST BIRTHDAY) WHITE MALE 02 BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE ISTATE OF FOREIGN THE CITIZEN OF WHAT COUNTRY? NEVER MARRIED Baltimore City U S ITALL ID CITY OR TOWN OF DEATH 120 USUAL OCCUPATION NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12h KIND OF BUSINESS OR St. Agnas Hospital Stat. Engineer Sbring Grove Baltimore USUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE REFORE ADMISSION) Catonsville 13d INSIDE CITY LIMITS? 902 Vanderwood Rd. Baltimore Maryland 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST LaFortezza Cerramea Chiara Nicola 902 Vanderwoods Rd. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 166 SOCIAL SECURITY NO (YES, NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) 213-09-1153 Mrs. Catherine LaFortezza, APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT 18 CAUSE OF DEATH | Enter anly one cause per line far (a), (b), and (c) PART I. DEATH WAS CAUSED BY: DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., Bronchopneumonia OR AS A CONSEQUENCE OF 1 month rain otem Conditions, if any, which gove rise to immediate cause Ial, stating DUFTO OR AS A CONSEQUENCE OF underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION ony 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 70a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF NO [210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) ar Item 18 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 21d INJURY OCCURRED 211 LOCATION 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OF TOWN COUNTY STATE NOT WHILE WHILE AT WORK 220.1 certify that (this hospital) attended the deceased from 19.80 saw the deceased alive on. and that in (our opinian death occurred on the date and hour and from the causes stated above, (x (we) (did) (did of) view the body after death. 22b. SIGNATURE DEGREE 22c. DATE SIGNED ibble M.D. ATTENDING | should be deta with the State [DIRECTOR PHYSICIAN MPORTANT: 22d PHYSICIAN'S NAME (TYPE OF PRINT ST. agnes Hosp 23a. BURIAL, CREMATION, REMOVAL 23¢ NAME OF CEMETERY OR CREMATORY 23d. LOCATION (SPECIFY) Burial Baltimore, Maryland 3/20/80 New Cathedral Cem. 24 FUNERAL DIRECTOR 1630 Edmondson Ave. Catonsville, Md 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S DHMH - 16 50M 1/76 Witzke Funeral Home of Catonsville, P.A.21228 (VR A 15 (4))

DESCRIPTION OF THE PROPERTY OF Company of the control of the contro

No.	1-	FOR STATE REGISTRAR				STAT MENT OF H XAMINE	EALTH		ENTAL H	SIENS DEAT	н	O REG. 1	6 8	2	9	
22485		CEASED NAME E OR PRINT)	-	rge	MIDDLE			Lambe	ert		OF	ESTI- MATED	_	3019	80	2b. HOUR
		ale r	egro	DATE OF BIRTH	14	6. AGE (IN YEAR LAST BIRTHDAY 65 YRS) MONTH	DER 1 YR.	IF UNDER 2	MIN. PR	DATE ONOUN DEAD		MONTH 3		9 80	26 HOUR 5:50A
S PRESS	FC	RENGN COUNTRY)		USA			WIDOW	D 🗆	VER MARRIE DIVORCE		Balt	imor	e Cit	У		MD.
PAGE AND	Ва	ty or town of D ltimore		II. NAME OF HOSI HE NOT IN SUCH FAC Baltimo	re Ci	ty Hos	pita]	R INSTITU	TION	FOR MOS	L OCCUP.	ATION (T	YPE OF WORK	OR II	OF BUS NDUSTRY	
IF ANY DE 2, AND 3 TI SHOULD BI	USUA 13a S	L RESIDENCE (IF IN I	13b. COUNTY	OTHER INSTITUTION, GIV	13 CITY Bal	OR TOWN	٧)	136. INSIDE (I	ITY LIMITS?	13e. STREET	ADDRES	s. P.	atte:	rson	Pk.	. Ave
MD. 2 S 1, 2, 2 S 1, 2, 2 MD 2 S	14. FA	THER'S NAME FIRST UNKNOW		MIDDLE	t	AST			er's MAIDEN	NAME	MIC	DDLE		LAS	ST.	
FTER FOR FOR ON	16a. V (Y	VAS DECEASED EVE ES, NO, OR UNKNOWN) NO	R IN U.S. ARME	D FORCES? AR OR DATES)		AL SECURITY		Mary		Lamb	ert	ADDRES		Pat	ter	son P
DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., BALT S CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS A RITHG THE WORD "PENDING" IN PENCIL IN ITEM 18. GIV BOED TO THE CHIEF MEDICAL EXAMINER ALONG WITH E 3 SHOULD BE USED AS A BURIAL-TRANSIT PERMIT. PAG E DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISI PRIOR TO BURIAL, CREMATION, OR REMOVAL.		18. CAUSE OF DE. PART I DEATH Canditions, if gave rise to cause (a) stati lying cause los	MAS CAUSED E IMMEDIATE any, which immediate ng the under-	CAUSE (a) Ar DUE TO, OR	terio AS A CON	, and (c).) SCLETO SEQUENCE O	F	ardio	ovascu	lar d	lisea	se		APPR BETWEE	OXMATE II	NTERVAL AND DEATH
OF VITAL RECORDS, 30 ATE SHOULD BE EXECU WORD "PENDING" IN THE CHIEF MEDICAL E THE CHIEF AEDICAL E THE USED AS A BURN ENT OF HEALTH AND BURNAL, CREMATION, C	TIFICATION	PART 2 OTHER SIGNIFIC		NTRIBUTING TO DEATH A		VHICH OPERA				1 (a).					TOPSY?	Inq.
DIVISION OF V HIS CERTIFICATE & WRITING THE WC WARDED TO THE AGE 3 SHOULD BI ATE DEPARTMENT 201 PRIOR TO BUR	MEDICAL CERTIFICATION	21d. EXTERNAL CA UNDERLYING CONTRIBUTING 21d. INJURY OCCU WHILE AT WORK AT	OR CAUSE OF DE		MONTH	DAY YEAR 19 (AT HOME. C.)	21f. LOC		OCCURRED		URE OF INJU			OUNTY		STATE
TO MEDICAL EXAMINER: THIS EXECUTE THE CERTIFICATE, WR PAGE 4 SHOULD BE FORWAR TO FUNER LIRECTOR: PAGE AFTER DEATH, WITH THE STATE BALTIMORE, MARYLAND, 21201			t I taak charge o	of the remains descriptions of the remains descriptions of the remains description of the remains desc	Accident	, Suic	M.i	Homic TITLE (S		Undetern		nner	DATE	ED	4/1/ 201	80
BALT PAGE	(5	PECIFY Burial	,REMOVAL 23b.	DATE 4/4/80		AME OF CEM	ETERY OR	CREMATO			lti:	more	3-	July	MĎ	
DHMH - 17 (VR A15 ME (5)) 30M 7/73	24. FI	MAME C. Ma		/н 176	1 E.	North	a Av		250. DATE RE		380	234	PARS I	洪地观	Endy	

0 5 8 2 9 . The Marie of the state of the process set if

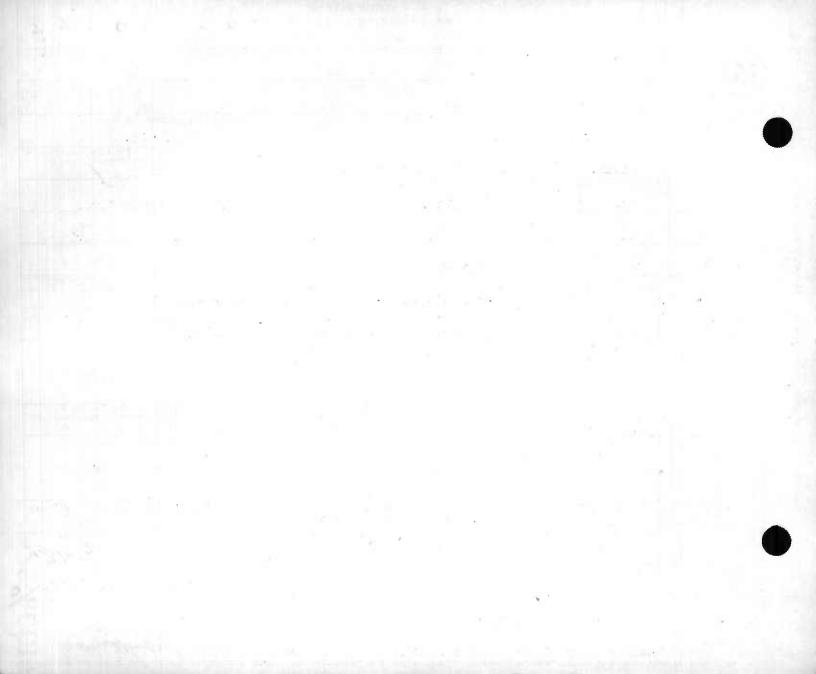
					STATE OF MARYLA				
^	1	1.	FOR STATE	DEPARTMENT	OF HEALTH AND	(1)	0 6 8	3 0	
V			REGISTRAR	MEDICAL EXAM	MINER'S CERTIF	ICATE OF DEATH	REG. NO.	13 0	
0			CEASED NAME FIRST	MIDDLE	LAST	20 DATE	KNOWN X MONTH	DAY YEAR	26 HOUR
	A	{TYP	PE OR PRINT) Antho	27.77	Tono	OF	ESTI-	26 00	H-III
	2565E				Lane		2 '	26 1980 DAY YEAR	M
	and the same	1.5E)	And the second second	5 DATE OF BIRTH 6. AGE MONTH DAY YEAR LAST	(IN YEARS IF UNDER TYR BIRTHDAY) MONTHS DAYS		I C	DA!	6:00F
	建	Me	ale Black	10 10 53 21	7 YRS.	DE		26 1980	M. W.
		da. ly	RTHPLACE DITATE ON	76. CITIZEN OF WHAT COUNTRY?	8. MARRIED TA	NEVER MARRIED A BALT	IMORE CITY OR COUNTY	OF DEATH	
	MABERS <	1	ARVIAND	11.5.A.	WIDOWED [DIVORCED B	altimore Cit;	37	140
	22003	10. CI	ITY OR TOWN OF DEATH	II NAME OF HOSPITAL NURSING	HOME, OR OTHER INSTIT			b. KIND OF BUS	SINESS
	ZESERVIO	-		(IF NOT IN SUCH FACILITY, GIVE STREET ADE	ORESS)	FOR MOST OF W	ORKING LIFE)	OR INDUSTR	(Y
	#0" #474		altimore	Maryland General		Unon	noloyed		
	ANY DE RETAIN COULD E	USUA 13a S	AL RESIDENCE (IF IN NURSING HOME OF	R OTHER INSTITUTION, GIVE RESIDENCE BEFORE A		E CITY LIMITS? 130. STREET ADD	RESS		
2120	A PROPERTY	M	ARVIAND			- NO 1 325 /	ne Mechen	Stree	+
	1. IF	14. F	ATHER'S NAME	- 0:		HER'S MAIDEN NAME	11		
MD.	the second second	-	FIRST	MIDDLE	11 5	FIRST	MIDDLE	LAST	
m,	LL Z	1	Ames 1	ONN CHARO	CURITY NO. 17, INFO	PALANTY	ADDRESS		
BALTIMORE,	Wa0 . Z ?	16g V	WAS DECEASED EVER IN U.S. ARA (ES, NO, OR UNKNOWN) (IF YES, GIVE V	MED FORCES? 16b. SOCIAL SEG	Complete Com			Med to	1 -
Ē.	S G B S S S S S S S S S S S S S S S S S	/	70	2.511-26-	C1/1	thin Ander	son 325/	Je Mac	henst
8	WITH WITH DIVI		18 CAUSE OF DEATH (Enter anti-	y ane cause per line far (a), (b), and (c	(1.)			APPROXIMATE BETWEEN ONSET	INTERVAL
ST.	ERMITENE,		DART I DEATH WAY OF CALIFED					BETWEEN ONSES	AND DEATH
	124 ITEA ITEA ITEA ITEA GIEN		9 I IMMEDIAT	DUE TO, OR AS A CONSEQUE					
PRESTON			Conditions, if any, which	DOE TO, OR AS A CONSECUE	INCE OF				
8	ENCIL IN AMINER I TRANSIT ENTAL HY REMOVA		gave rise to immediate	(b)					
*	AAMII ENT REA		cause (a) stating the <u>under</u> .	DUE TO, OR AS A CONSEQUE	NCE OF				
0	X 4 5 C	163	lying cause last.	(6)					
č,	AN BUILDING		PART 2 OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NOT RELATED TO TH	HE TERMINAL DISEASE OR CONDI	TION GIVEN IN PART 1 (a)			
OR O	P A TK	z				TON OTHER REPORT OF THE			
DIVISION OF VITAL RECORDS, 301	OULD BE EXECUTED IN THE PROPERTY OF THE PROPER	CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR WHICH	OBEDATION WAS BEDS	OBMED?		120 AUTOPSY?	
4	HIEF / HEF / CRE	2	176. DATE OF OPERATION	198. CONDITION FOR WHICH	OFERATION WAS PERFO	ORMED!			
1	포함무그으록	1						YES TY	NO 🗌
7 -	SEE E	1	216. EXTERNAL CAUSE WAS	21b. TIME OF INJURY		RY OCCURRED LENTER NATURE OF	INJURY IN ITEM 18 PART 1 OR PART	2)	
z	5 H 0 9 K 0 7		UNDERLYING TO CAUSE OF D	DEATH 4:15P.M. 3 26	19 80 sub.j	ect stabbed			
. 05	CERTIFICATE S TING THE WO DED TO THE (E: 3 SHOULD BE DEPARTMENT PRIOR TO BURLI	MEDICAL	214 INTURY OCCUPPED	21e. PLACE OF INJURY (AT HO		oo o o o o o o o o o o o o o o o o o o			MD
_ ≥	OFFI	ME	WHILE DOT WHILE AT WORK	STREET, FACTORY, FARM, ETC.)	STREET	CITY OR			MP
a	WRII WRII WARD AGE FATE		AT WORK AT WORK	on street	in from	t of 1639 Penn	sylvania Ave	, Balto	.City,
	R: TE, P		77s. I certify that Took charg	e of the remains described above, held	dan Autopsy X	Inspection , Inqui	ry and in my opin	nian	
	N S H O		/ /			micide Undetermined			
	EXAMINE CERTIFICA JID BE F DIRECTOI WITH THI ARYLAND		death resulted from Nation	al courses	//		manner (
			ACTUAL A A -	" , M8. N		(SPECIFY)	DATE	3/27	1/00
	##우#王스		SIGNATURE //	may (www	M D.Dep	outy ChiefEDICALEX	AMINER SIGNED	3/21	/00
	DEAT SH		ENAMED OF THE PROPERTY OF THE	D G 111 11 1		777 10 01	7 7 1 30		
	YEW DASO		EXAMINER'S NAME Tho	mas D. Smith, M.I	ADDRESS	s 111 Penn St.	Balto., MD	•	
	TO A EXEC PAGI TO P BALTE	23g. B	SURIAL, CREMATION, REMOVAL 2	36. DATE I 23c. NAME (OF CEMETERY OR CREMA	ATORY 238 LOCATION	n	, ,	ATE
11/01		/	TPR TIEV)	3/3/10 MH	Coluzes	Kalli	more Illoc	uland	1
1401	BP	19	UNERAL DIRECTOR	1131/180 11/10	Money	25a DATE REC'D. BY REGIST	RAR HIS REGISTRASS	ENATURE	
/ -	DHMH - 17 (VR A15 ME (5))	1	YAY NA	7 ADDRESS	10111	APR 3 1980	Likenske	Brush	
	1 FAL 7 (74	1//	1:1110ml Bound	FH 1206-08 0.	1.//octh HOE	UI I/ 0 1200	0-11-40	1	

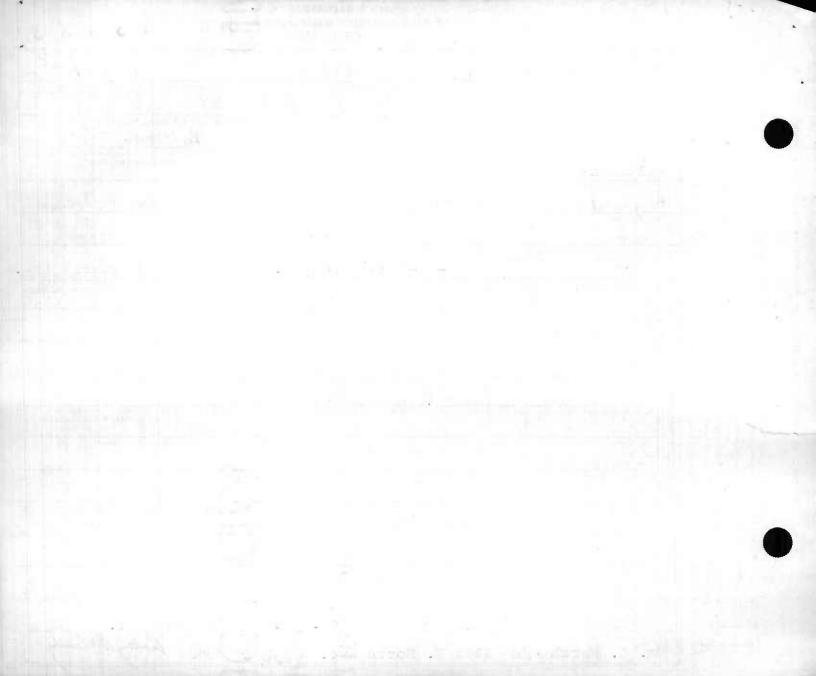
S. SEX S. DATE S. DA	SEX SEX SACE SA	3		CEASED NAME OR PRINT)	Shawn	N	MIDDLE Marc		نا	Lar	ıg		OF	NOWN X	монтн	28 ₁₉	R 2b. H
The production of the produc	Settle Country Sett	V				MONTH DAY	YEAR	LAST BIRTHD	MONTHS			ER 24 HRS.	2c. DATE		MONTH 2/	DAY YE	AR 2d H
10 CATY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12 USUAL RESIDENCE (IP IN NURSING HOME OR OTHER INSTITUTION 12 USUAL RESIDENCE (IP IN NURSING HOME OR OTHER POSTITUTION OR RESIDENCE MODE) 12 USUAL RESIDENCE (IP IN NURSING HOME OR OTHER POSTITUTION, GOVERNOUS HOPE) 13 USUAL RESIDENCE (IP IN NURSING HOME OR OTHER POSTITUTION, GOVERNOUS HOPE) 13 USUAL RESIDENCE (IP IN NURSING HOME OR OTHER POSTITUTION, GOVERNOUS HOPE) 13 USUAL RESIDENCE (IP IN NURSING HOME) 14 USUAL RESIDENCE (IP IN NURSING HOME) 15 USUAL RESIDENCE (IP IN NURSING HOME) 15 USUAL RESIDENCE (IP IN NURSING HOME) 16 USUAL RESIDENCE (IP IN NURSING HOME) 16 USUAL RESIDENCE (IP IN US A BAMED FORCES) 16 USUAL RESIDENCE (IP IN US A BAMED FORCES) 16 USUAL RESIDENCE (IP IN US A BAMED FORCES) 16 USUAL RESIDENCE (IP IN US A BAMED FORCES) 16 USUAL RESIDENCE (IP IN NURSING HOME) 16 USUAL RESIDENCE (IP IN US A BAMED FORCE (IP IN US A	Baltimore II. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION ITALIAN OF CHARLES IN THE OWNER ITALIAN OR ITALIA	35	7a Bli	EIGN COUNTRY)		76. CITIZEN OF WH	IAT COUNT		8. MARRIE				9. BALTIMO		-	TY OF DEATH	ID •
136. CITY OR TOWN Maryland 136. COUNTY 136. CITY OR TOWN Baltimore 136. MOTHER'S MAIDEN NAME 136. MOTHER NAME 136. MO	136. STATE MATY MATY MATTER MATTER MATY MATTER MAT	A		Y OR TOWN					, OR OTHE	RINSTITU	TION	12a US	UAL OCCUPA	ATION (TYPE		12b. KIND OF	
PART 2 DINEE SIGNIFICANT CONDITIONS CONTRIBUTION FOR WHICH OPERATION WAS PERFORMED? PART 2 DINEE SIGNIFICANT CONDITIONS CONTRIBUTION FOR WHICH OPERATION WAS PERFORMED? PART 2 DINEE SIGNIFICANT CONDITIONS CONTRIBUTION FOR WHICH OPERATION WAS PERFORMED? PART 2 DINEE SIGNIFICANT CONDITIONS CONTRIBUTION FOR WHICH OPERATION WAS PERFORMED? PART 2 DINEE SIGNIFICANT CONDITIONS CONTRIBUTION FOR WHICH OPERATION WAS PERFORMED? PART 2 DINEE SIGNIFICANT CONDITIONS CONTRIBUTION FOR WHICH OPERATION WAS PERFORMED? PART 2 DINEE SIGNIFICANT CONDITIONS CONTRIBUTION FOR WHICH OPERATION WAS PERFORMED? PART 2 DINEE SIGNIFICANT CONDITIONS CONTRIBUTION FOR WHICH OPERATION WAS PERFORMED? PART 2 DINEE SIGNIFICANT CONDITIONS CONTRIBUTION FOR WHICH OPERATION WAS PERFORMED? PART 2 DINEE SIGNIFICANT CONDITIONS CONTRIBUTION FOR WHICH OPERATION WAS PERFORMED? PART 2 DINEE SIGNIFICANT CONDITIONS CONTRIBUTION FOR WHICH OPERATION WAS PERFORMED? PART 2 DINEE SIGNIFICANT CONDITIONS CONTRIBUTION FOR WHICH OPERATION WAS PERFORMED? PART 2 DINEE SIGNIFICANT CONDITIONS CONTRIBUTION FOR WHICH OPERATION WAS PERFORMED? PART 2 DINEE SIGNIFICANT CONDITIONS CONTRIBUTION FOR WHICH OPERATION WAS PERFORMED? PART 2 DINEE SIGNIFICANT CONDITIONS CONTRIBUTION FOR WHICH OPERATION WAS PERFORMED? PART 2 DINEE SIGNIFICANT CONDITIONS CONTRIBUTION FOR WHICH OPERATION WAS PERFORMED? PART 2 DINEE SIGNIFICANT CONDITIONS CONTRIBUTION FOR WHICH OPERATION WAS PERFORMED? PART 2 DINEE SIGNIFICANT CONDITIONS CONTRIBUTION FOR WHICH OPERATION WAS PERFORMED? PART 2 DINEE SIGNIFICANT CONDITIONS CONTRIBUTION FOR WHICH OPERATION WAS PERFORMED? PART 2 DINEE SIGNIFICANT CONDITIONS CONTRIBUTION FOR WHICH OPERATION WAS PERFORMED? PART 2 DINEE SIGNIFICANT CONDITIONS CONTRIBUTION FOR WHICH OPERATION WAS PERFORMED? PART 2 DINEE SIGNIFICANT CONDITIONS CONTRIBUTION FOR WHICH OPERATION WAS PERFORMED? PART 2 DINEE SIGNIFICANT CONDITIONS CONTRIBUTION FOR WHICH OPERATION WAS PERFORMED? PART 2 DINEE SIGNIFICANT CONDITIONS CONTRIN	RAYMOND RAYONE AND ESCRASED EVER IN U. S. ARMED FORCES? (MS. NO. OR UNKNOWN) (FEE. GIPT WAR OR DATES) NONE		13a. S1	ATE	13b. COUNT		13c. CITY (ORTOWN	1				PEEL ADDRES	uthvi	ew Ro	đ	
Same No. OR UNKNOWN (# YES, GAVE WAR OR DATES) None Mary Patricia Ferguson Same	None Mary Patricia Ferguson Same		14. FA	FIRST	ıd .		Lang	sr Sr		15. мотні Ма	ER'S MAII	DEN NAM	MID	cia		Howa.	rd
PART I DEATH WAS CAUSED BY: 3 43 9 IMMEDIATE CAUSE (o)	PART I DEATH WAS CAUSED BY. 3 43 IMMEDIATE CAUSE (o) Seizure disorder DUE TO, OR AS A CONSEQUENCE OF)6a W (YE	S, NO, OR UNKNO					NO. 1			atric	ia Fer			Same	9
19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES NO NO NO NO NO NO NO N	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES No. 196. CONTRIBUTING OR CONTRIBUTING OR CONTRIBUTING CAUSE OF DEATH P.M. 197. 198. CONTRIBUTING CAUSE OF DEATH P.M. 198. CONTRIBUTING OR CONTRIBUTING CAUSE OF DEATH P.M. 198. CONTRIBUTION P.M. 198. CONTRIBUTION CAUSE OF DEATH P.M. 198. CONTRIBUTION P.M.			gave rise	s, if ony, which e to immediate	DUE TO, OR A	AS A CONS	SEQUENCE C	OF .								
UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 19 21d INJURY OCCURRED WHILE NOT WHILE AT WORK OF THE INDICENSE OF THE INDICE	UNDERLYING OR CAUSE OF DEATH P.M. 19 21d INJURY OCCURRED WHILE AT WORK 27a. I certify that I took charge of the remains described above, held on death resulted from: ACTUAL SIGNATURE EXAMINER'S NAME (TYPE OR PRINT) HOrmez R. Guard M. D. ADDRESS 111 PanaStreet Balto, MD 21201 23a. BURILAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 17a. Inspection M. Inspection M. Inquiry, and in my apinion CITY OR TOWN COUNTY CITY OR TOWN COUNTY And in my apinion Undetermined manner, TITLE (SPECIFY) M. D. ADDRESS 111 PanaStreet Balto, MD 21201 23c. BURILAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY STATE STATE STATE 33d. LOCATION CITY OR TOWN COUNTY And in my apinion CITY OR TOWN COUNTY And in my apinion DATE SIGNED 2/29/ ADDRESS 111 PanaStreet Balto, MD 21201 23d. LOCATION CITY OR TOWN COUNTY AND ADDRESS 111 PanaStreet Balto, MD 21201 STATE			lying cous	se lost.	(c)			4.4								
27a. I certify that I took charge of the remains described above, held on Autopsy , Inspection , Inquiry , and in my apinion death resulted from: Inquiry , Accident , Suicide , Homicide , Undetermined manner , ACTUAL ACTUAL ASSISTANT DATE 2/29/8	AT WORK AT WORK 27a. I certify that I took charge of the remains described above, held on Autopsy , Inspection , Inquiry , and in my apinion death resulted from: ACTUAL SIGNATURE		IFICATION	lying cous	NIFICANT CONDITIONS C	(c)	UT NOT RELATI	EO TO THE TERMI	INAL OISEASE C	12		PART 1 (a).					
	[TYPE OR PRINT] HOrmez R. Guard, M. D. ADDRESS 111 Penn Street, Balto., MD 21201 23a. BURIAL, CREMATION, REMOVAL 23b. DATE [23c. NAME OF CEMETERY OR CREMATORY (SPECIFY)] 23c. NAME OF CEMETERY OR CREMATORY (SPECIFY)		AEDICAL CERTIFICATION	Jying cous PART 2 DTHER SIG 19a. DATE OF 1 21a. EXTERNAL UNDERLYING CONTRIBUTIN 21d. INJURY O	OPERATION L CAUSE WAS OR IG CAUSE OF D CCURRED	19b. CONDITI	ION FOR W INJURY MONTH	VHICH OPER. DAY YEAR 19 (AT HOME.	ATION WA	S PERFOR	MED?					YES [

the first of the same particular of the same of the sa

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR STATE





230 BURIAL CREMATION, REMOVAL

(SPECIFY) BURIAL

24 FUNERAL DIRECTOR

23b. DATE

03-29-80

ACCRES!

FIRST

MIDDLE

LAST

- STATE

REGISTRAR

I. DECEASED NAME

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 20. DATE OF DEATH MONTH YEAR 2b. HOUR 80 9:07 & AGE (IN YEARS LAST BIRTHDAY) IF UNDER TYEAR IF UNDER 24 HRS YEAR DAYS HOURS 01 78 9. BALTIMORE CITY OR COUNTY OF DEATH DIVORCED & BALTIMORE CITY 12a USUAL OCCUPATION 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY AUDITOR HOTEI 13e. STREET ADDRESS 1731 ARLINGTON AVENUE. 15. MOTHER'S MAIDEN NAME MIDDLE LAST BESSIE PALMER ADDRESS HARRIET L. O'ROURKE 1731 ARLINGTON AVENUE APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 21 CITY OR TOWN COUNTY STATE and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c DATE SIGNED .27.80 ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 5400 OLD COURT ROAD, RANDALLSTOWN 23d. LOCATION 23c NAME OF CEMETERY OR CREMATORY STATE CITY OF TOWN COUNTY MEADOWRIDGE MEM. ELKR IDGE HOWARD 250. DATE REC'D, BY REGISTRAR SS. RECOMMANDS SIGNATUR 21229 HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE.

DHMH - 16 50M 7/77 (VR A 15 (4))

The Report of the second e vo:e ca ac en BESTER - DEST. BUT II BUT IN I $\Sigma_{i,j}$ (3.12) $\Sigma_{i,j}$ (4.12) HILLER WORLD TO THE PROPERTY OF THE PROPERTY O THE REAL PROPERTY OF FRANCISCO AND ASSESSMENT OF THE PARTY OF THE PART DE-22-40 MEANTERS OF TOTAL TOTAL TOTAL TRANSPORT OF TAKEN THE PARTY STATE OF THE PARTY WELLIS AND THE PARTY WALLEST AND THE PARTY WALLEST WALLES

10		FOR STATE REGIST	RAR			DEPAI		EALTH AND MENTAL HY ICATE OF DEATH	CHÂNE ()	0 6	8 3	5
		(TYPE OR PRINT)	VAME	FIRST		MIDDLE		AST	20 DATE OF		DAY YEAR	26 HOUR
p p	18	(TITE ON PRINT)	7	ANN	JA	NE	LAT	VHORN		March	11. 80.	12:05 AM
VOE (10)	3. SEX	,	1	RACE		5 DATE C		6. AGE (IN YE	ARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
9 9	2	FEM	ALE		WHIT	E	5 MONTH	8 24	55	YRS	MONTHS DAYS	HOURS MIN
Po Po		7a. BIRTHPLAC	E STATE OR FOR	REIGN 7	CITIZEN OF	WHAT COUNTR	Y? 8	D NEVER MARRIED	9 BALTIMO	E CITY OR COUN		
eoth n 72	83		GINIA	9 30 1	U.S.A		WIDOWE		BALTIM	ORE CITY		MD
er d within	110	ID CITY OR TO	WN OF DEAT	TH I		HOSPITAL, NUR		OR OTHER INSTITUTION	120 USUAL C	CCUPATION FOR MOST OF WORKING		OF BUSINESS OR
O) s offt by th	40	BALTIM	ORE	-		NES HOS			PACKE			RS MEAT
212 d in		USUAL RESIDI 13a STATE		NG HOME OR CO		GIVE RESIDENCE BEI		13d INSIDE CITY LIMITS?	13e STREET A	DDRESC		
AND 24 Fille fille	35	MARYLA			-	BALTIM		YES NO		W. LOMBAI	RD ST.	
RYL.		4 FATHER'S	NAME IRST	MI	DOLF	LAST		15. MOTHER'S MAIDEN N	AME	WIDDLE		
MAR ed w mple	00	UNKO	WN	1		FALL	S	LULABET	LE	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	UNK	NOMN
MORE, e execut nond cc Poges I	1	60 WAS DEC	EASED EVER IN		ED FORCES?	166 SOCIAL SE	CURITY NO.	17 INFORMANT	575	ADDRESS		
BALTIMOR ore be execute by the property of the medic		NO	Alta Elli			220-14	-2619	PHILIP V. I	AWHORN	8217 KRA	AMER CT.	
BALI ote opera		18 CAU	SE OF DEATH	Enter only	one couse per	line for (o), (b),	ond ic	11 /1	1 . /	***************************************	BETWEEN	MATE INTERVAL ONSET AND DEATH
ST.,		PAR		MMEDIATE				Hepatic +	alure	-	/ W	reck
ON the ce		13	3/		DUE TO, O	R AS A CONSEC	DUENCE OF	Pa soul	bin		con 1	MOOR
PRESTON The deoth contendir Throumotic or troumotic			ons, if ony,		(b)_			C 045 1	iver-1	nerasia	1257	/00
that the by the ease remosil cremo		couse	(o), stoting	the	DUE TO, O	R AS A CONSEC	DUENCE OF	Adeno-cc.	of 1	REASU. COI	on 3.	years
res purijele			OTHER SIGNI	IFICANT CO	ONDITIONS CO	ONTRIBUTING T	O DEATH BUT	NOT RELATED TO THE TER		OR CONDITION (GIVEN IN PART 11	0
RECO I low a so bee		CERTIFICATION 190 DAT 210. ACC	OF OPERATI	7.	196. COND	TION FOR WHI	1)	oh.	200 AUTO	IN CER	YES, WERE FINDII TIFYING CAUSES YES []	NGS USED OF DEATH?
DIVISION OF VITAL TO PHYSICIAN: The Offer this certificate h os the buriol-tronsit is the ond Mentol Hygier of the or them 18 shoon	0	210. ACC	IDENT WAS UNDE		21b. TIME O	F INJURY M. MONTH	DAY YEAR	21c. HOW INJURY OCCU	RRED (ENTER NAT	URE OF INJURY IN ITEM 1	8, PART 1 OR PART 2)	
SICIA ng pl certif miol-t miol-t	7	S (IF EITHE	RIBUTING 🔲 CA R, NOTIFY MEDICAL		P.		19					
PHYS endin	,	m l	JRY OCCURRE		218. PLACE	OF INJURY	CE. FARM ETC.)	211. LOCATION STREET		CITY OR TOWN	COUNTY	STATE
NG Pl offer the offer the order of the order or the order		WHILE AT WORK	AT WOR	K 🗆				0		2 4	Pa	
TTENDII pitol or TOR: A for use of Heolis					view the body	deceosed from	VO	nd that in (my) (our) apinio	to	05 · 11 ·	nour and from the	that (1) (we) lost
OR A POSEC Ched Ched Ched			NATURE	1 of	View the best	A / A	10	DEGREE			THE DATE	SIGNED
74 75 7		1		1170	an 101	type "	cu.	ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICIAN	3/11)	80.
TO HOSPITA refoined by TO FUNERA should be defended with the Sted		22d. PHY	SICIAN'S NA	ME (TYPE OR)	AN P	OTORK	LE	4757 C	hapal	Sq. Bal	timore r	1d. 2122
2 BP		230. BURIAL, C	remation, r L	REMOVAL	3/14/8	30 C		EMETERY OR CREMATORY	23d. LOCA MARR	TOTTSVILI	LE HÖWAR	D MD.
DHMH - 16 50M 1/76		24. FUNERAL D			1	ADDESCA		250 D.A	TE REC'D, BY RE	GISTRAR 25h	EMBAR'S JOHN	DIRE .
(VR A 15 (4))		HUBBAR	D FUNER	RAL HO)ME 41	07 WILK	ENS AVE	. 21229 MA	KI4 IS	100	7	7

	Contract to pro-		
American n			
tell tell			
42 hardway of			2.10
C I		4 T	2 F 32
Marie Say Property Law St.	4600		
		61	
Barrier Viller Bull St.			
		12 0.4	t -
. THE RESTRICT			
1 1 100 L 100 L 100	Million Study	and the same	

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME FIRST MIDDLE 20. DATE OF DEATH MONTH (TYPE OR PRINT) DAVID LAWRENCE March 1 1980 6 AGE (IN YEARS LAST BIRTHDAY) 3. SEX 4 RACE 5. DATE OF BIRTH IF UNDER 24 HRS Male MONTHS DAYS HOURS Negro 12 TO BIRTHPLACE (STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH COUNTRY) Va. MARRIED NEVER MARRIED USA Baltimore City WIDOWED DIVORCED | 1. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 10 CITY OR TOWN OF DEATH 126. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) Baltimore 1710 N. Montford Avenue Beth Steel DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE REFORE ADMISSIONAL 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 13b COUNTY 13¢ CITY OR TOWN MD 1710 N. Montford Avenue Baltimore YESX 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST Emanuel Melvinia Lawrence Butler Lawrence 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) No 231-05-8112 Martha Lawrence 1710 N. Montford 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and ic
PART I, DEATH WAS CAUSED BY: Metastatic Ca IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Ca of Pancrease trouma Canditians, if any, which gave rise to immediate cause (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION prior 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? 1/28/80 Biopsy of the left lobe of the liver burnal-transit 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY Item 18 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION à (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OF TOWN COUNTY STATE NOT WHILE 22a.1 certify that (1) (this haspital) attended the deceased fram_ saw the deceased olive an. , and that in (my) (aur) opinion death accurred an the date and haur and fram the causes stated abave, (1) (we) (did) (did nat) view the body ofter death 22b. SIGNATURE DEGREE 22c. DATE SIGNED 3/3/80 ATTENDING MEDICAL ild be deto the Stote PHYSICIAN DIRECTOR PHYSICIAN 276 PHYSICA HIS BLAME (TYPE OR PRINT) 22e ADDRESS F. C. Caguin, M.D., P.A. 230 East 25th Street 230. BURIAL, CREMATION, REMOVAL 236, DATE 23¢ NAME OF CEMETERY OR CREMATORY 23d. LOCATION Burial STATE 3/7/80 Arbutus Mem. Baltimore 24 FUNERAL DIRECTOR DHMH - 16 50M 1/76 1980 (VR A 15 (4)) March F/H 1101 E. North Ave.

el signianiem

Biousy of ale to the end inse

and, and primar or all

Jeens of Sin Charles

X	1 - STATE REGISTRAR Willia	DEPAR m J Lawrence	TMENT OF HEALTH AND MENTAL HYD CERTIFICATE OF DEATH	REG. NO.	831
	1. DECEASED NAME FIRST (TYPE OR PRINT) WILLIAM	and J.	LAWRENCE	20 DATE OF DEATH MONTH 3-8-80 3	8 80 10 135 AM
age (ma	3 SEX MARE	1 RACE WHITE	5. DATE OF BIRTH MONTH DAY 13 93	6 AGE (IN YEARS LAST BIRTHDAY) 87 YRS	F UNDER LYEAR F UNDER 24 HRS MONTHS DAYS HOURS MIN
death. P	78. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	Th CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY OR COUNT	
by the fuel within	BALTIMORE/	11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE AN LY FAS	ng home or other institution traderess) TADDRESS Hosp.	120 USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORK ING LI WORKET	12h KIND OF BUSINESS OR INDUSTRY Scrap Metal Co
AND 213 hin 24 hc filled in buld be fil	USUAL RESIDENCE (IF NURSING HOME 130 STATE 137 COL MARY CAND CI	INTY 134 CITY OR TO	RE ADMISSION) WN 134. INSIDE CITY LIMITS? YES NO	13 STREET ADDRESS 813	Scott St. 7- 21230
E, MARYL completely 1 and 2 shr	14 FATHER'S NAME FIRST IWYYYYYY	Fred Lawrence	15 MOTHER'S MAIDEN NA FIRST // LALL LALL	WW/ Nellie O	'Neil
rimore te be exe an and con Pages 1 t, the me	(YES, NO OR UNKNOWN) (IF YES, G	RMED FORCES? VE WAR OR DATES) VE WAR OR DATES) VE WAR OR DATES)	1 112.1	ADDRESS orback/2921 Michi	gan Ave/21227
ortificat certificat physici n papers. removal.		only one cause per line for (a), (b), a LED BY ATE CAUSE (a) PUFS P	IRATORY ARRES	_	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
e death of tion, or traumier traumier traumier	496 - Canditians, if any, which	DUE TO, OR AS A CONSEQU	JENCE OF IC UBSTRUCTIVE	PHEMONARY	
TW. PRI	gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQU	JENCE OF	DISPASE	
aw requirements signed Then ples for to buring any injury	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM THE CECUM -	NINAL DISEASE OR CONDITION GIVE	VEN IN PART 1(0)
The I	AD FUG CA 19a DATE OF OPERATION 2/24/80 21a. ACCIDENT WAS UNDERLYING		HOPERATION WAS PERFORMED	IN CERTI	S, WERE FINDINGS USED FYING CAUSES OF DEATH? S \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
OF VITA YSICIAN bhysician. certifical al-transit gritten 18	OR CONTRIBUTION CAUSE OF D	HOUR A.M. MONTH	DAY YEAR	RED (ENTER NATURE OF INJURY IN ITEM 18, I	PART I OR PART 2)
DING PHYSICIAN: Itending physician. After this certificate is the burial-transit pet th and Mental Hygie marked or Item 18 s	GIFETHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE AT WORK AT WORK	210. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE.	FARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
ATTENE ital or at CCTOR: or use as of Healt m 21 is n	saw the deceased alive a	n 3 9 19 at 19 at 19 at 19 is	3/6 19 80 80 and that in (my) (aur) apinian	death occurred an the date and have	19_80, that (I) (we) last or and from the causes stated
the hosp the hosp arached fi the Dept. IT: If Itee	22b. SIGNATURE	a. Mich	DEGREE	MEDICAL STAFF	221. DATE SIGNED
TO HOSPIT. TO FUNERA Should be det with the beds with the MANAPORTAN	224 PHYSICIAN'S NAME (TYPE	ORPRINT) McChillyAm	22e ADDRESS	ry HOSPITAL	110/0-
0 % 0 8 5 5 7	230 BURIAL CREMATION, REMOVA (SPECIFY) Burial	THE PROPERTY OF THE PARTY OF TH	NAME OF CEMETERY OR CREMATORY Oly Redeemer Cemete	23d. LOCATION CITY OR TOWN	county state y, Marvland
DHMH-16 25M (VRA 15, 4) 1/79	24 FUNERAL DIRECTOR Walters Funeral		250. DAT	E REC'D. BY REGISTRAR 25b. REQ18	

C TO THE SHAPE OF THE SAME entwork as to entwick the second of the seco

1	STATE OF MARYLAND
^{6,7}	FOR STATE REGISTRAR CERTIFICATE OF DEATH CERTIFICATE OF DEATH REG. NO.
	DECEASED NAME FIRST MIDDLE LAST LAZARUS 20. DATE OF DEATH MONTH DAY YEAR 26 HOUR 1255 PM
3. 5	
5271	BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED
notified of	MD. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUGH FACILITY, GIVE STREET ADDRESS) WIDOWED DIVORCED 126 USUAL OCCUPATION (TYPE DE WORK FOR MOST OF WORKING LIFE) INDUSTRY NONE NONE
	UAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 1. STATE 1. STATE 1. STREET ADDRESS 1. STATE 1. STATE 1. STREET ADDRESS 1. STATE 1. NO 1. STATE 1. STATE 1. NO 1. STATE 1. STA
The same of the sa	FATHER'S NAME FIRST I SRAEL MIDDLE LAST LAST LAZARUS LAZARUS LAST UNKNOWN
	WAS DECEASED EVER IN U.S. ARMED FORCES? IND. SOCIAL SECURITY NO. 17 INFORMANT ROSE KALIFMAN 1320 HARDEN LA 21208
vent, the	18. CAUSE OF DEATH (Enter only one couse per ling for 101, to and 15 Myocardial Infantion Between ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) House Myocardial Infantion IMMEDIATE CAUSE (b) House Myocardial Infantion Myocardial Infantion
umatic e	410 - DUE TO, OR AS A CONSEQUENCE OF Heart disease
other tro	gove rise to immediate cause (a), stating the underlying cause last.
njury, or	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1101 Diabetic Mellitus, A-S-C-V-D;
8 shaws any injur	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO YES NO
- A	OR CONTRIBUTION OF BEATTI HOUR A.M. MONTH BAY TEAR
MEDICAL	21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 21l. LOCATION STREET CITYON TOWN COUNTY STATE
21 is mo	220.1 certify that the this hospital) attended the deceased from 91131, 1953, to 3/41. 1980, that the (we) last saw the deceased alive an 2:30 pm 3/14/ 1980, and that in (other (our) opinion death accurred on the date and hour and from the causes stated above. (1) (we) (did) (and net) view the body after death.
T: # Rea	226. SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 3/14/80
IMPORTANT:	22d. PHYSICIAN'S NAME (THE OR PRINT) M. TUN, 210 pot spring Road md 21093
3 ≦ 230	BURIAL CREMATION, REMOVAL 3-16-80 LUBAWITZ NUSACH ARI-NER TAMID ROSEDALE BALTO MD
1/76	FUNERAL DIRECTOR SOL LEVINSON & BRUS., INC. NAME 6010 REISTERSTOWN RD., ADDRESS TO., MD 21215 MAR I 8 1980

NAME OF THE PARTY OF THE PARTY

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME MIDDLI 2a DATE OF DEATH 2h HOUR (TYPE OR PRINT) larence 21-80 Leach March 4 RACE 3 SEX 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) MONTH YEAR 1895 TO BIRTHPLACE ISTATE OR FOREIGN 7h CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Baltimore (ity Maruland WIDOWED O CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12b KIND OF BUSINESS OR 103 South Durham Street (TYPE OF WORK FOR MOST OF WORKING LIFE) Baltimore Paperhanger DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13b COUNTY 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 130 STREET ADDRESS Durham Street Maryland YES IX NO 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Campwell Benjamin Mary Leach 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT yes, NO OR UNKNOWN) (IF YES GIVE WAR OR DATES) 212-16-87684 Baltimore, MARYLAND APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for 14), (b), and (c). PART I, DEATH WAS CAUSED BY UY C IMMEDIATE CAUSE Conditions, if ony, which gove rise to immediate cause 101, stating the DUE TO OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1100 CERTIFICATION 190 DATE OF OPERATION 20b. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOF YES ond Mentol Hyg 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH fem MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE OF INJURY 21f. LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OF TOWN COUNTY STATE WHILE NOT WHILE AT WORK AT WORK 80 22a | certify that (I) (this hospital) attended the deceased from 19 <u>F</u>O ond that in (my) (our) opinion death occurred on the date and hour and from the causes stated sow the deceased alive on. obove. (I) (we) (did told not) view the body after death 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING should be detoo with the State D MEDICAL PHYSICIAN DIRECTOR PHYSICIAN Madonald 9 South Highland Street, Balto, Md. Dennis 231. NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 23b. DATE STARR (SPECIFY) Burial Oaklawn (emetery Balto. Manuland DHMH - 16 50M 1/76 M. Weber & Sons Inc. F. H. 401 S. hester (VR A 15 (4))

	· // ~ ~ /		7 Hou		4			
Salkinnis (some source source source source source source) Series of the source sourc			/ ,					2
	Assistance (Side	20						
	weeksteen litelia wels		Assail m	Arm Cur	103 3		2:0033	
	Tours Transfer But TI			2120			in the	September 1
	(Demo)			3.5	-		rim	ing.
		LA.	346		1	\		5.3
-sincia stranger in the second stranger sales of the	tenland Messet, Salto, not.	i nie	05 1	6.1	Largo	2=1	simma-	

1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	D. Grant	LE LANGE	
		ne Till seal	Lista
			Ten Carrie
	representations of .	Mile and	C: 3. 12
and the market of the outside of			
of continue. IN the continue			
	Amil Jos d Gira		
	VIBROTALII		
1213	t the inti		
/ 5. 5			

MIDDLE

- STATE

REGISTRAR

DECEASED NAME

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENS CERTIFICATE OF DEATH REG. NO 20 DATE OF DEATH MONTH DAY YEAR 2h HOUR eluyan 30 12.53 AGE (IN YEARS LAST BIRTHDAY) DAYS BALTIMORE CITY OR COUNTY OF DEATH Baltimore 12a USUAL OCCUPATION 126. KIND OF BUSINESS OR THE OF WORK FOR MOST OF WORKING LIFE) Restaurant 13e STREET ADDRESS 3838 Roland Ave. Apt 203 WIDDIE Mallonee 1811 Wentworth Rd. 21231 APPROXIMATE INTERVAL CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/0 206. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES T 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) CITY OR TOWN COUNTY STATE

our) apinion death occurred anothe date and hour and from the causes stated

22c. DATE SIGNED

STAFF DIRECTOR PHYSICIAN C

2600 11880 23d. LOCATION

24 FUNERAL DIRECTOR 3631 Falls Rd. 21211 Bürgee Funeral Home

25 March 80 Loudon Park Cemetery Baltimore. 25a. DATE REC'D. BY REGISTRAR 7 1 1 MAR 1980 0

STATE

DHMH - 16 60M 1/75 (VRA 15 (4))

Burial

Maro - 18, 17, 18, 19 Trace do Lat the neteral cotaingor. Tellinor and prefet seas to the transfer of (1111au 1. Velt All su syst and or harpy all manufacts with has from a ground that greaternia which dollow to nother of a labour

ANTO ENGLISH OF THE STATE OF THE CONTROL OF THE CON

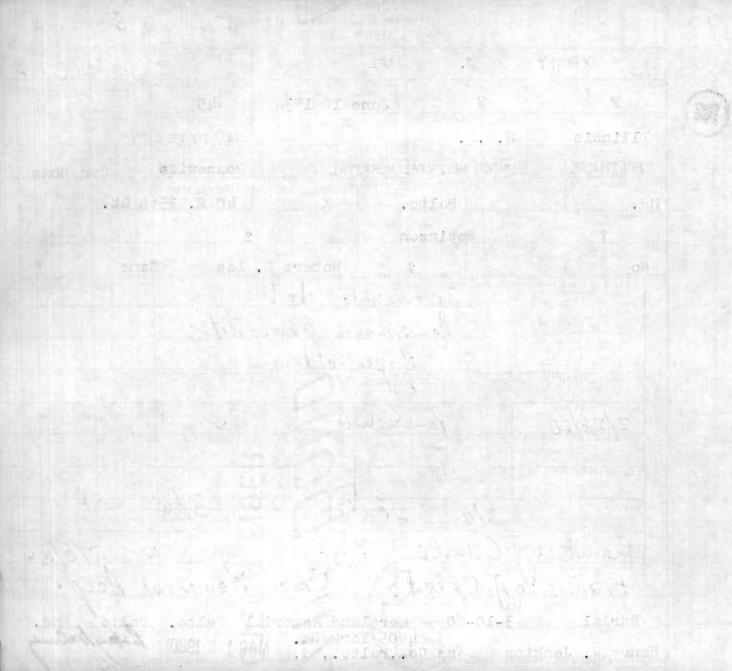
DHMH - 16 50M 7/77 (VR A 15 (4))

,	FOR						
1 -	STATE REGISTRAR		CER	TIFICATE OF DEATH	REG. NO)	
	CEASED NAME FIRST CAR	RIE J	(Carte	r)LEE		MONTH DAY	1980 10.01
3 SE)	× Female	A RACE Blac	M	TE OF BIRTH ONTH OAY YEAR 02 06 09	6. AGÉ (IN YEARS LAST BIRT	HDAY) IF U	NDER 1 YEAR IF UNDER 2. THS DAYS HOURS
7a. Bli	IRTHPLACE (STATE OR FOREIGN OUNTRY) N . C .	76 CITIZEN OF WHA	MAR	RRIED NEVER MARRIED DIVORCED	Baltimore CHYO	R COUNTY OF	
10 CI	Baltimore	11. NAME OF HOSP (IF NOT IN SUCH FACE	PITAL, NURSING HOM	ME OR OTHER INSTITUTION	120 USUAL OCCUPATION OF WORK O		126. KIND OF BUSINES INDUSTRY
	AL RESIDENCE (IF NURSING HOME OF STATE 13b. COU	NTY 13c. (RESIDENCE BEFORE ADMISSI	ISI INSIDE CITY LIMITS?	13e. STREET ADDRESS	3803 Ha	grand Av.
14 FA	William	WIDDLE	Jones	15 MOTHER'S MAIDEN N Mary	MIDDLE		LAST
160 V NO		E WAR OR OATES)	SOCIAL SECURITY NO 16-16-56		ght 1312 El		Ave.
	Conditions, if any, which gave rise to immediate	ED BY: TE CAUSE (o)	A CONSEQUENCE O	1.0	F		
CATION	PART I. DEATH WAS CAUSI IMMEDIA Conditions, if ony, which	DBY: TE CAUSE (0) DUE TO, OR AS (b) DUE TO, OR AS (c) CONDITIONS CONTR	A CONSEQUENCE CO	of Refractory CH		20b. IF YES, W	ERE FINDINGS USED
AL CERTIFICATION	PART I, DEATH WAS CAUSI IMMEDIA Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	DBY: TE CAUSE (0) DUE TO, OR AS (c) CONDITIONS CONTR 19b. CONDITION 19b. CONDITION HOUR A.M.	A CONSEQUENCE OF A CONS	DE RELATED CHOSE BUT NOT RELATED TO THE TE ATION WAS PERFORMED TAR 216. HOW INJURY OCCU	rminal disease or coni	20b. IF YES, WIN CERTIFYIN	ERE FINDINGS USED G CAUSES OF DEATH
MEDICAL CERTIFICATION	PART I. DEATH WAS CAUSI IMMEDIA Conditions, if any, which gove rise to immediate couse (o), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	D BY: TE CAUSE (0) DUE TO, OR AS (c) DUE TO, OR AS (c) CONDITIONS CONTR 19b. CONDITION ATH HOUR A.M. 71e. PLACE OF IN	A CONSEQUENCE OF A CONS	DE RELATED TO THE TE STION WAS PERFORMED 216. HOW INJURY OCCI STREET 217. LOCATION STREET 3.780	RMINAL DISEASE OR CONI 200 AUTOPSY? YES NO	20b. IF YES, WIN CERTIFYIN YES LY IN ITEM 18, PART 1	ERE FINDINGS USED G CAUSES OF DEATH
CAL	PART I. DEATH WAS CAUSI IMMEDIA Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINER 21d IN JURY OCCURRED WHILE NOT WHILE	DBY: TE CAUSE (0) DUE TO, OR AS (c) DUE TO, OR AS (c) CONDITIONS CONTR 19b. CONDITION ATH HOUR A.M. P.M. 21e. PLACE OF IN (AT HOME, STREET, F/) itol) ottepded the dec	A CONSEQUENCE CO A CONSEQUENCE CO A CONSEQUENCE CO BUILDING TO DEATH A FOR WHICH OPERA BURY MONTH DAY YE BURY MONTH DAY YE BURY MONTH DAY SECOND FRICE, FARM, ETC. COSCORD FROM 19	DE RELATED TO THE TE STION WAS PERFORMED 216: HOW INJURY OCCI STREET 211: LOCATION STREET	RMINAL DISEASE OR CONI 200 AUTOPSY? YES NO URRED (ENTER NATURE OF INJUR CITY OR TOW	20b. IF YES, WIN CERTIFYIN YES THE TEM 18, PART I	ERE FINDINGS USED G CAUSES OF DEATH NO OR PART 2) COUNTY STA To that (I) (with different the couses story)
CAL	PART I. DEATH WAS CAUSI MMEDIA	DBY: TE CAUSE (0) DUE TO, OR AS (c) DUE TO, OR AS (c) CONDITIONS CONTR 19b. CONDITION ATH HOUR A.M. P.M. 21e. PLACE OF IN (AT HOME, STREET, F) 1101) ottepded the deco	A CONSEQUENCE CO BUILDING TO DEATH A FOR WHICH OPERA BURY MONTH DAY YE MONTH DAY YE COOSED FOR FARM, ETC. COOSED FOR THE CONSEQUENCE COOSED FOR THE COOSED COOSED FOR THE COOS	BUT NOT RELATED TO THE TE ATION WAS PERFORMED 216. HOW INJURY OCCU 216. LOCATION STREET 217. LOCATION STREET 219. J. Addus 21195 Ond that in (my) (our) opinion	RMINAL DISEASE OR CONI 200 AUTOPSY? YES NO CITY OR TOW CITY OR TOW On deoth occurred on the do	20b. IF YES, WIN CERTIFYIN YES THE IN TEM 18, PART I	ERE FINDINGS USED G CAUSES OF DEATH NO OR PART 2) COUNTY STA do that (1) (w

LIBERT TO LEAVE IN THE PROPERTY OF THE PARTY CARL THE THE TANK TO THE TOTAL TOTAL

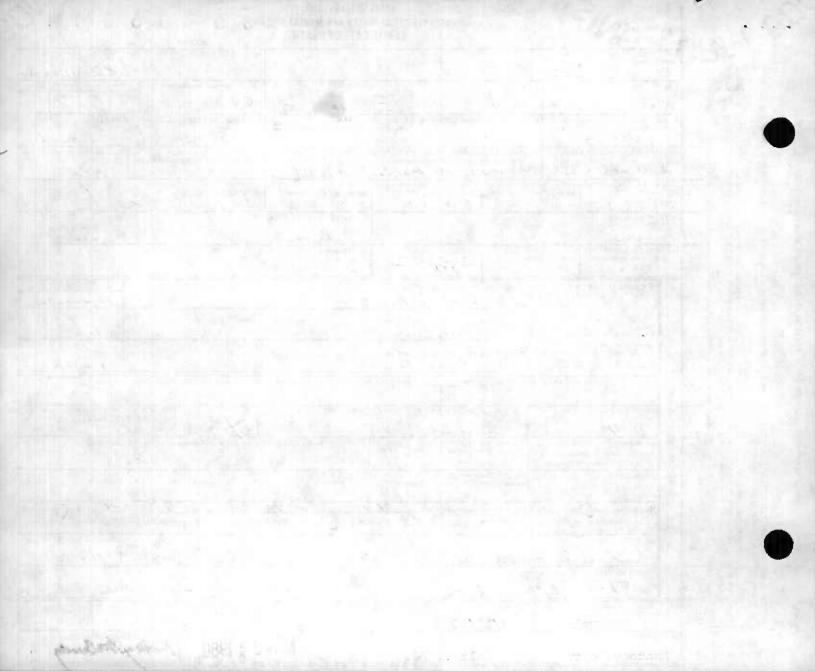
1	1	FOR STATE REGISTRAR		DEPARTI	MENT OF I	ICATE OF DEATH	REG. N	0 6	3 4	1 3
e		CEASED NAME PIRST		WIODIE	LEE.	AST	20 DATE OF DEATH	MONTH DAY	YEAR SO	26 HOUR 3:15 PM
(O B	3. SE	X	4 RACE	THE ATTEM	5 DATE		6. AGE (IN YEARS LAST BIE		NDER I YEAR	IF LINUER 24 HRS
9 6		F	W		Jun	e 10° 1934	45	YRS	HS DAYS	HOURS MIN
		IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8		9 BALTIMORE CITY		DEATH	
to to		Illinois	II.S.A			DIVORCED	RAITTMODE	CITY		***
ed o			11. NAME OF	HOSPITAL, NURSIN	IG HOME		12a USUAL OCCUPAT	ION 1	26 KIND OF	BUSINESS OR
by the filled y	L	BALTIMORE	INION	MEMORIAL	HOSP	ITAL	Housewif	1.55		Home
221 t hou d be	13a	AL RESIDENCE (IF NURSING HOME C STATE 136 COU	OR OTHER INSTITUTION			13d INSIDE CITY LIMITS?	13e. STREET ADDRESS			
ANA PER PAR				Balto.		YES X NO	40 E. 2	5th St		
MARYL id within mpletely ond 2 si	14. F.	ATHER S NAME FIRST	MIDDLE	Robingon		15 MOTHER'S MAIDEN NA			LAST	
RE, A			RMED FORCES?			17 INFORMANT	ADDR	ESS	C 10 1	
be executed on and seed on another seed on and seed on another seed on ano			VE WAR OR OATES)	?		Robert E.	Lee	Same		
T., BAI				diretor 101, 16. on	ersil	le shock			BETWEEN ON	ATE INTERVAL NSET AND DEATH
thor the death cert by the attending lose remove carbon to cremation, or rer		Conditions, if any, which gove rise to immediate cause 101, stating the underlying cause lost	(b)	Memo	ma	lipidenis	eatitis			
requires the requires the standard be referred by the pleas in tabural, injury, or a	NOI	PART 2 OTHER SIGNIFICANT	CONDITIONS	ONTRIBUTING TO	BUT	NO RELATED TO THE TERM	INAL DISEASE OR CON	IDITION GIVEN II	V PART 1(0)	
he he hos	TIFICAT	19ª DATE OF OPERATION 2/26/20	196 COND	11	Contra Contra	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WE IN CERTIFYING YES	REFINDING CAUSES C	GS USED OF DEATH?
IOF VII		OR CONTRIBUTING CAUSE OF DE	HOUR A.	M. MONTH D	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJE	RY IN ITEM 18, PART 1 (OR PART 2)	
IVISION Ottendin ter this ter this to so the buy h and Med or I	MED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE (AT HOME, STI	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC.)	21f LOCATION STREET	CITY OR TO	WN C	OUNTY	STATE
TTENDIR pitol or TTOR: Al for use of Health		22a I certify that (1) (this hasp sow the deceased alive or	3/1	0 19	30%	d that in (my) (our) opinion	death occurred on the d	. 19_	Th	
At OR A t the hos At DIREC detoched ate Dept.		Francisco	J.Cu	icedo	P	ATTENDING	MEDICAL STA	FF a a	22c DATES	IGNED /RO
tained by to FUNER hould be with the St		Francis	OFFICE	Fird.	0	TTE ADDRESS NION	Memor	is H	020	
↑	In Cause of Death International Country Internat									
206 BP	L'		3-10-	-80 M	orel	and Memoria		Balto	0'.	
DHMH - 16 60M 1/75	24 F	UNERAL DIRECTOR				ork Rd 250. DAT	E REC'D. BY REGISTRAR	25b. RECOMEAN	SIGNATU	Bready
(VR A 15 (4))	H	enry W. Jenk	ing & S			to Md M	AR 1 0 1980	berelin	7,,,,	7

STATE OF MARYLAND



	1	FOR - STATE REGISTRAR		DEPART		EALTH AND MENTAL H ICATE OF DEATH	YGIENE)	REG. NO.	0 0	4 4
9 72	(TYP	CEASED NAME FIRST LEE		MIDDLE	ι	AST	2a. DATE OF		14/80	2b. HOUR
A h	3 SE		4 RACE		5 DATE C	or BIDTH	4 ACE (11176)	RS LAST BIRTHDAY)	IF UNDER 1 YEAR	12:28 AM
4 6 2 2 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5					MONTH			RS LAST BIRTHDAY)	MONTHS DAYS	HOURS MIN
Page ours		female	Negro		5	10 15	64	YR		
Pond in		IRTHPLACE (STATE OR FOREIGN OUNTRY)		WHAT COUNTRY?	MARRIE	NEVER MARRIED	9 BALTIMOR	E CITY OR COU	NTY OF DEATH	
oes 777		UK	USA		WIDOWE		Bo	CCUPATION C.	itu Q.	Hywood MD.
rs after y the fu d within	9	Paltimere City	LIE NOT IN SUC	H FACILITY, GIVE STREET	ADDRESS1	A Hospital	120 USUAL O (TYPE OF WORK F	OR MOST OF WORKIN	12b. KIND (INDUSTRY	
hou hou nust	USU	AL RESIDENCE (IF NURSING HOME O	R OTHER INSTITUTION	GIVE RESIDENCE BEFOR	E ADMISSIONI	L Mospilal	9		1 4	
02 24 24 1 be	130	STATE 136 COU	NIY	13c. CITY OR TOW	/N	134 INSIDE CITY LIMITS?				
V fille	1/2	laryland		Balt. Ci	ty	YES 🛛 NO 🗌	1818 Pe	nasylvania	Aue.	
d with d with 2 shou	III. F.	ATHER'S NAME FIRST	MIDDLE	LAST		15. MOTHER'S MAIDEN N	IAME	MIDDLE	1A	ST
M m m m m m m m m m m m m m m m m m m m		U.K.				Bertha				1602
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 IDING PHYSICIAN: The law requires that the death certificate be executed within 24 hour strending physician. After this certificate has been signed by the attending physician and completely filled in by ss the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled ith and Mental Hygiene prior to burial, cremation, or removal. marked or Item 18 shows any injury, or other traumatic event, the medical examiner must	16a. \	WAS DECEASED EVER IN U.S. AF YES, NO OR UNKNOWN) IF YES, GIV U.K	RMED FORCES? /E WAR OR DATES)	216-12-8	JRITY NO. 3818	17 INFORMANT		ADDRESS		
sicia sicia ers. val.		18 CAUSE OF DEATH (Enter of	nly ane cause per						APPROX BETWEEN	ONSET AND DEATH
phy pap emo				Cardiae		£				ninutes
th c fing bon or r	100	5 MG IMMEDIA						11:51:11:11		
dea dea dea dea trau trau	100	Cardinian II am 111	DUE TO, O	R AS A CONSEOU	ENCE OF	earl Failure			4.	,,
the at nove		Canditions, if any, which gave rise to immediate				en f , and and f			и.	R.
or w. F		cause (a), stating the underlying cause last	DUE TO, O	RAS A CONSEOU					1 4	uee K
aw requii	NO	PART 2 OTHER SIGNIFICANT	CONDITIONS <u>CC</u>	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TE	RMINAL DISEASE	OR CONDITION	GIVEN IN PART 1	0 1
ENDING PHYSICIAN: The law requires that or attending physician. DR: After this certificate has been signed by these as the burial-transit permit. Then please remitealth and Mental Hygiene prior to burial, creet is marked or Item 18 shows any injury, or or	CERTIFICATION	1% DATE OF OPERATION 3/13/80	,	TION FOR WHICH		N WAS PERFORMED	100 AUTOF		YES, WERE FINDI	
AN: ian. ian. sit p sit p sit p 188.	E .	21a. ACCIDENT WAS UNDERLYING	7 216. TIME O		y	21c HOW INJURY OCC				110
PHYSICIAN: The physician. This certificate ha urial-transit perm Mental Hygiene		OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.	M. MONTH D.	AY YEAR					
ON OPHY ng pH y ng ph	MEDICAL	21d. INJURY OCCURRED	21e PLACE	OF INJURY		211 LOCATION				
JING tendi tendi the the h and	¥	WHILE NOT WHILE AT WORK	(AT HOME, STE	REET, FACTORY, OFFICE, I	FARM, ETC.)	STREET		CITY OR TOWN	COUNTY	STATE
ENG or at OR:: Se as se as lealt		220.1 certify that (1) (this hasp	ital) attended th	e deceased fram_	3/	4 19	PO 10	3/14	19 80	that(I)(we) last
CTC CTC		saw the deceased alive or above ((1)(we)(did) (did no	3/11	19.0		d that in (my) (our) opinio	on death accurred	on the date and	hour and from the	causes stated
IRE Iter		22b. SIGNATURE	ot) view the bady	after death.		DEGREE				SIGNED
L O L O Baches Oe Oe	1		7/ /			4775,100,10	_ MEDICAL _	STAFF		
RA deta	1	22d PHYSICIAN'S NAME (TYPE O	Haywood	, MO		MO PHYSICIAN 122. ADDRESS	DIRECTOR	PHYSICIAN 🔀	3/1	4/80
HOSP Hed b UNE Id be the S							C (1)	.0 .	C 44 A	0
TO HOSPITAL retained by the TO FUNERAL should be detact with the State of IMPORTANT:	22.		Haywood		NAME OF C	22 South			of Medicin	Bull. M.S.
11110	230.	BURIAL, CREMATION, REMOVAL			NAME OF C	EMETERY OR CREMATOR	23d. LOCAT	IOWN	COUNTY	STATE
1403BP		Removal	3/1	8/80		16.00		ours class		
DHMH-16 25M	24 F	UNERAL DIRECTOR		ADDRESS		25e. D M/1 f	R 2 4 198	OISTRAR 256. REC	GISTRAR'S SIGNA	URE
(VRA 15, 4) 1/79	LA	natomy Board	В	alto., Mo	d.	WIF	11/ 6 4 196	No.	Lynnou	

STATE OF MARYLAND



1101 E. North Aye.

MIDDLE

FOR

- STATE

REGISTRAR

24. FUNERAL DIRECTOR

C. March F/H

DHMH - 16 50M 1/76 (VR A 15 (4))

. DECEASED NAME

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REG. NO.

YEAR

80

IF UNDER LYEAR

2h HOUR

126. KIND OF BUSINESS OR

Johnson

6/7/71

COUNTY

22c. DATE SIGNED

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO F

STATE

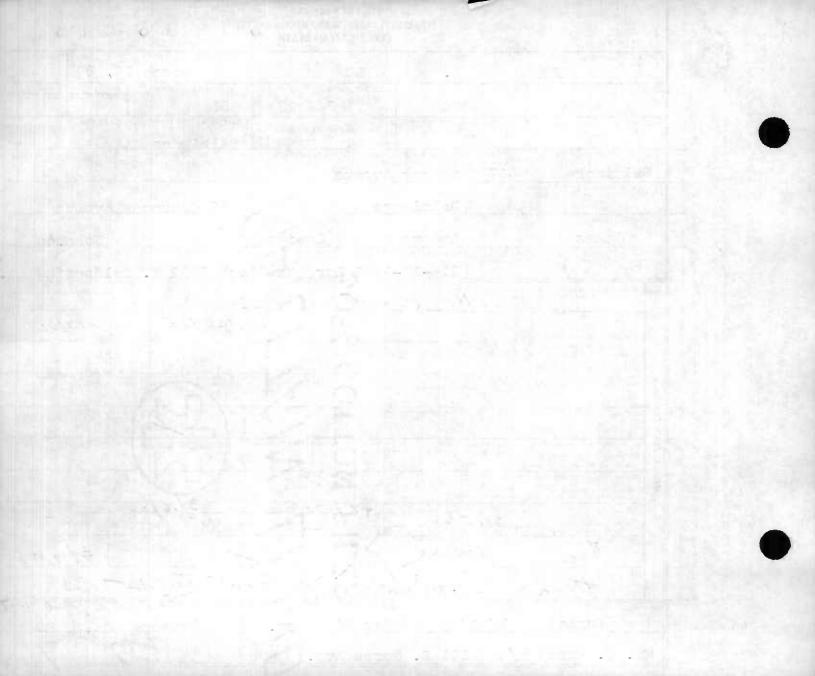
IF LINDER 24 HRS

2n DATE OF DEATH

250 DATE REC'D. BY REGISTRAR 256. PE

CERTIFICATE OF DEATH

LAST



attending physicion and campletely filled in by the

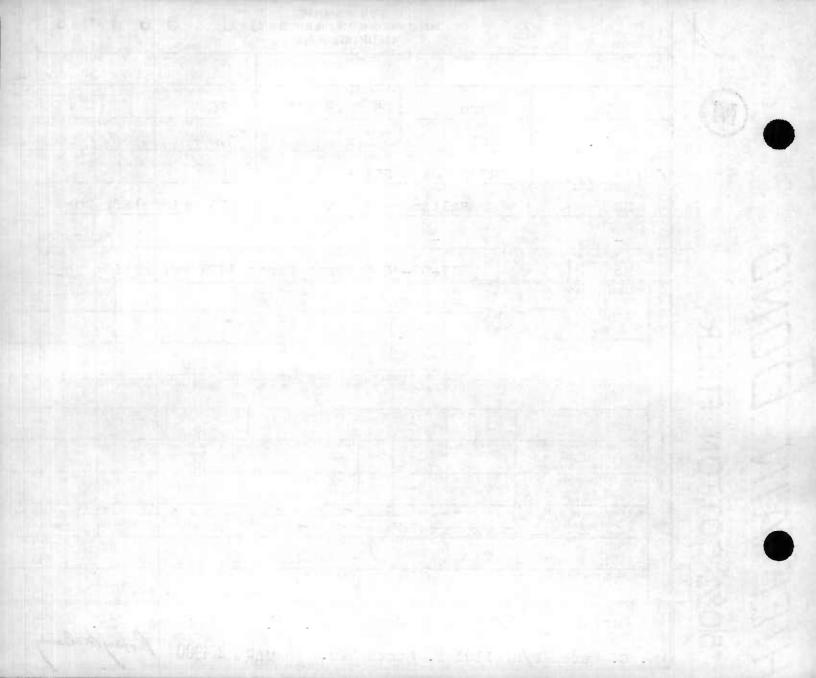
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion should be detached for use as the burial-transit permit. Then please remove carban papers. Permit the State Dept. of Health and Mental Hygiene priar to burial, cremation, ar remaval.

IMPORTANT: If Item 21 is marked or Item 18 shows any

injury, ar other troumatic event, the medical

	FOR 1 - STATE REGISTRAR Hurle	Y		NT OF H	OF MARYLAI EALTH AND M ICATE OF DI	ENTAL HYGI	ENE O C	6	3 4	6
	1. DECEASED NAME FIRST (TYPE OR PRINT)	/ MID	DLE	L	AST		2a. DATE OF DEATH	MONTH DAY	YEAR	26 HOUR
	HURLE	Y		L	EE			3 9	80	5:45 AM
	3 SEX	4. RACE		5. DATE C			6 AGE (IN YEARS LAST BIRT		UNDER I YEAR	IF UNDER 24 HRS
	Male	Negro		5	28	O ŠEAR	76	YRS	NINS DATE	May May
	To BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF W	HAT COUNTRY?	MARRIEI	NEVER M	ARRIED .	BALLIMORE CITY O	R COUNTY O	FDEATH	
5	Va.	USA		WIDOWE	D X DIV	DRCED 🗌	134 Him	orc	Citu	MD.
1	BAltimore	PROVI	SPITAL, NURSING ACILITY GIVE STREET AD DENT HO	BPI		MOLTUT	12a. USUAL OCCUPATI (TYPE OF WORK FOR MOST O		126 KIND O INDUSTRY	OF BUSINESS OR
1	USUAL RESIDENCE (IF NURSING HOME OR 130 STATE 136 COUN	TY 1	NE RESIDENCE BEFORE A Baltimor		13d INSIDE CIT	Y LIMITS?	13e STREET ADDRESS 4826 Bri	arcli	Et Ro	ad
)	14 FATHER'S NAME FIRST	AIDDLE	LAST		15 MOTHER'S	RST	4E MIDD{E	18	Stur	gess
	160. WAS DECEASED EVER IN U.S. AR. (YES, NO OR UNKNOWN) (IF YES, GIVE	WAR OR DATES	66 SOCIAL SECURI 217-09-9		17 INFORMAN Myrna		ADDRE 4826 Br		ift R	oad
	Conditions, if any, which gove rise to immediate couse 101, stating the underlying couse lost. PART 2. OTHER SIGNIFICANT COUNTY OF THE COUNTY	DUE TO, OR A	AS A CONSEQUEN H 7 PO AS A CONSEQUEN CALCER OF ITRIBUTING TO DE	CE OF CO	lon NOT RELATED T		NAL DISEASE OR CON	206. IF YES, \	VERE FINDIN	NGS USED
	I I	4.090					YES NO	YES		OF DEATH?
		1 110110 4 11	MONTH DAY	YEAR	21c HOW INJ	URY OCCURRE	ED (ENTER NATURE OF INJUI	RY IN ITEM 18, PART	1 OR PART 2)	
	OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF (AT HOME, STREE	INJURY T, FACTORY, OFFICE, FAR	RM, ETC.)	21f LOCATION	4	CITY OR TO	VN	COUNTY	STATE
	22a.1 certify that (a) (this haspi sow the deceased alive an above, (1) (we) (did) (did no	3/9/	19 8	2 / 0 , or	nd that in (my)+	, 19 8 cm) opinion d	, to39 eath occurred on the d	ote and hour a		that (I) (we) lost couses stated
	22b. SIGNATURE	æster	yle	,		TENDING HYSICIAN [MEDICAL STA		22c. DATE	F/FO
	22d. PHYSICIAN'S NAME (TYPE O	R PRINT)			22e ADDRESS	D	-			
	Theodore	Longe			100	Provid	lout 40	SPITO		
	230. BURIAL, CREMATION, REMOVAL SPECIFIC Burial	3/14/8			EMETERY OR CI		23d LOCATION CITY OF TOWN Baltimo		CO.	MD
ĺ	24 FUNERAL DIRECTOR	, ,		11111		25a. DATE	REC'D. BY REGISTRAR	25b. RESTATE	R'S SISKE	Bready
	Wm. C. March F	/H 110	1 E. No	rth	Aye.	MA	R 1 2 1980	purp	7	

retained by the hospital or attending physician.



may be

executed within 24 hours after

OR ATTENDING PHYSICIAN: The low requires that the death certificate be

attending physician

retained by the haspital or

TO HOSPITAL

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 21 is morked or them 18 shows ony injury, or other troumotic event, the medical examiner must be notified of once.

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENS

	1 "	REGISTRAR				CERTIFIC	ATE OF DEATH		REG. NO.		,	
	I. DEC	CEASED NAME	FIRST	WIE	DDLE	LAST		2a. DATE OF DE	ATH MONTH	DAY YEA	R	76 HOUR
	(TIPE)	OK PKINI)	Joy	エ		LEE			MARCH	6 19	80	300 Pm
ß	3. SEX	(4 RACE		5. DATE OF		6. AGE (IN YEARS	LAST BIRTHDAY	IF UNDER 11	EAR	IF UNDER 24 HRS
н	1	-ema	0	20/20	~	B -	23-35	44	YRS.	MONTHS D	AYS	HOURS MIN.
20			E OR FOREIGN	76 CITIZEN OF W	HAT COUNTRY?	8.	_	9. BALTIMORE	CITY OR COUNT	Y OF DEAT	н.	
5 4	D	SOLVERY)	17	Maritad	Tolax	WIDOWED	NEVER MARRIED	Rullia	1 5000	MA C	1 t	TU MD.
1/2	10 CT	TY OR TOWN O	FDEATH	11. NAME OF HO	3. /		OTHER INSTITUTION	17a USUAL OCC		12b. KIN		INESS OR
1/2	0	Narul.	and	(IFNOT IN SUCH	ACILITY GIVE STREET AL	DRESS)	L 10 20	TYPE OF WORK FOR	MOST OF WORKING	LIFE) INDUS	TRY	,
1	USUA		IF NURSING HOME OR		IVE RESIDENCE BEFORE							
5	3	317 1	W. Nor	1 Ave	3c CITY OR TOWN		INSIDECITY LIMITS?	3317	W. NOF	the	At.	0.
00	14 FA	THER'S NAME		MIDDLE 7	LAST	15	MOTHER'S MAIDEN NA		IDDLB		LAST	
10		FINRO	1-1	? 4	26		LRTHE		hec			
1		AS DECEASED ES, NO OR UNKNOW		MED FORCES? 1 WAR OR DATES]	66 SOCIAL SECUR	ITY NO.	130 ASALU	ton St	- Lothe	in 1	∞	ot.
		18 CAUSE OF	DEATH (Enter on	ly one couse per li	ne for (a), (b), and	(C)	1			BETV	PROXIM	ATE INTERVAL
		PART I. DEA	TH WAS CAUSE	D BY: E CAUSE (o)	cardiac	arrest	Respiratory	arrest				
		174	9		AS A CONSEQUEN		,					
		Conditions, if	ony, which	(th)	metartal		a disease					
		gove rise to	immediate	OUE TO OR			J		5-4-5			-
		underlying		(6) M	AS A CONSEQUEN	Mamm	atomy ademocar	amonn 1	treast			
		PART 2. OTHER	SIGNIFICANTO				OT RELATED TO THE TERM			IVEN IN PAR	T 1(o)	
	NO O					3						
	ATI	190 DATE OF O	PERATION	196 CONDITI	ON FOR WHICH C	PERATION	WAS PERFORMED	20a AUTOPS		ES, WERE FI		
1	CERTIFICATION	Jan	7,1990	metas	tatic breas	t caru	nome	YES N		IFYING CAU	JSES C	NO T
0	CER	21a. ACCIDENT W	AS UNDERLYING	216. TIME OF	INJURY		It HOW INJURY OCCUR	RED (ENTER NATURE	OF INJURY IN ITEM 18	PART I OR PAR	7 21	
7			CAUSE OF DEA	TH HOUR A.M	. MONTH DAY	YEAR 19						
	MEDICAL	21d. INJURY OC		21e. PLACE O	FINJURY	2	If LOCATION	PER				1117
	¥	WHILE -	NOT WHILE	(AT HOME, STREE	T, FACTORY, OFFICE, FAI	RM, ETC.)	STREET	CIT	YORTOWN	COUNTY		STATE
			-	tol sattended the	placeased from	35	19	to	5/6/20	. 19	th	not (I) (we) bust
		law 1970	comed dive un	3/6	19_19_	and	that in (my) (our) apinion		n the date and ha	our and from		
		ZZh SIGNALIW		view the body fr	ne deoth.	DE	GREE			22c. D	ATES	<u>J</u> GNED
		anti varsata	1	shut a. Yu	uditud	1	ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF		3/6	8.
1		22d. PHYSICIAN	I'S NAME (TYPE	Assess 1		1	2e ADDRESS	1.0	1. R	. H. no	1	
1			VAI	RADM	MO		N. 1 Md - 1261	o, tam li	Catt- 13	יין וועא	~	
	23a. 8	BURIAL, CREMAT	ION, REMOVAL	23h DATE	23c N/	AME OF CEA	ETERY OR CREMATORY	23d. LOCATIO	WAL ,	COUNTY	ta	STATE
	1	BURIA		3/10/	80 140	ount	Huburn	15/4/	10		1110	7

DHMH - 16 50M 7/77 (VR A 15 (4))

THREE FAIRE 13 CONTRACTOR OF THE STATE OF TH

A T TO C LITTLE STATE OF THE ST attie 1 100 to 2000 to of at 5 - all for may that gas A I THE WILL SHE WELL ON THE WEST COME STREET, S STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

#17, FilmG541 3/18/80 kam

- STATE

REGISTRAR

			537213	
		REF.ER	us estima	nigh
5 32.0	www.idiaH			marken
	cedina	.0072,903	atazackie, ropo	BHOMETUAR
	arev Yers		oromis full	brad mark
		Amme		Farme -
0.2	gal , old .	sheet t		861
	and the			

MIDDLE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGENE

CERTIFICATE OF DEATH

LAST

REG. NO

MONTH

20. DATE OF DEATH

FOR - STATE

REGISTRAR

DECEASED NAME

	re a nich mercennisch sentre	
and at about the most	demand of the	
to all infrats then payed by the		

X	1-	FOR STATE REGISTRAR	DEP	PARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENES O O (6 8 5 1
ON CE		CEASED NAME FIRST Emily	(Emma)	Leek		PAY YEAR 25. HOUR
ag rect rs after de once.	3 SE)	Female	A RACE Black	S DATE OF BIRTH MONTH 23 1904	6 AGE (IN YEARS LAST BIRTHDAY) 76 YRS.	FUNDER I YEAR FUNDER 24 HRS
eath. P	7e Bit	RTHPLACE (STATE OR FOREIGN Maryland	76 CITIZEN OF WHAT COUNTY USA	MARRIED NEVER MARRIED WIDOWED DIVORCED	Doltimone (OF DEATH City MD.
hours after d in by the fun filed within "		Balto.	(IF NOT IN SUCH FACILITY, GIVE	URSING HOME OR OTHER INSTITUTION STREET ADDRESS) Street Apt, 3A	128. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIF	12b. KIND OF BUSINESS OR INDUSTRY
bo s	USUA 13a S	TATE Md 136 COL	OR OTHER INSTITUTION, GIVE RESIDENCE	BEFORE ADMISSION)	13. STREET ADDRESS 401 E. 25th	Street Apt 3B
cecuted within 2 completely fille 1 and 2 should medical examine		ther's name First Harry	MDOLE LAS Bush	15. MOTHER'S MAIDEN N F#ST Emmali	ne Pe	eterson
be ey agges the r		(AS DECEASED EVER IN U.S. A ES, NO OR UNKNOWN) (IF YES, GI	RMED FORCES? 166 SOCIAL VE WAR OR DATES) 218 0	SECURITY NO 17 INFORMANT	ADDRESS	entroly Terrt
that the death certificate by the attending physicial gremove carbon papers. Cremation, or removal.			only one couse per ling for (o) (i) ED BY ATE CAUSE (o) CATAL DUE TO, OR AS A CONS (b) DUE TO, OR AS A CONS	SEQUENCE OF Jochemic 9	ent Diser	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 12 yrs 12 yrs
The law requires e has been signed the ermit. Then pleas nee prior to burial shows any injury.	CERTIFICATION	PART 2 OTHER SIGNIFICANT	HF	S TO DEATH BUT NOT RELATED TO THE TER	200 AUTOPSY? 20b. IF YES	S, WERE FINDINGS USED SING CAUSES OF DEATH? SING CAUSES OF DEATH?
HYSICIAN physician. is certificat ial-transit pental Hygii	MEDICAL CERT	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF EITHER, NOTIFY MEDICAL EXAMINE	HOUR A.M. MONTH	DAY YEAR	RRED (ENTER NATURE OF INJURY IN ITEM 18, P.	0
DING PI ttending After th s the bur th and N marked	MED	214. INJURY OCCURRED WHILE NOT WHILE AT WORK	210 PLACE OF INJURY (AT HOME, STREET, FACTORY, O		CITY OR TOWN	COUNTY STATE
R ATTEN spital or a RECTOR: of for use a or. of Heal		saw the deceased alive a above, (ا) (يبيد) (did) (did n	pital) oftended the deceased f 2/28/89 not) view the body after death.	19 80, and that in (my) (60r) apiniai	n death occurred an the date and hou	
BITAL Distribution by the horder detacher State Degracher ANT: If			I Walker	DEGREE ATTENDING PHYSICIAN 1210 ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	21218
Section 198	23a B	URIAL, CREMATION, REMOVA		231 NAME OF CEMETERY OR CREMATORY	CITY OR TOWN	COUNTY STATE
DHMH-16 25M (VRA 15, 4) 1/79		Burial UNERAL DIRECTOR aiah L. Brow	3 29 1980 In & Son PA	25e. DA	Baltimore ATE REC'D. BY REGISTRAR 256. REGIST AR 2 8 1000	Maryland RAR'S SIGNATURE

Company of the property of terrini e de la 110 de la milita de la companya de la militar

, 1	1,	FOR		- (DEPARTMENT OF	HEALTH	H AND MENTAL H	YGIENE	53 6	13	17	
4	1,.	STATE REGISTRAR		MEI	DICAL EXAMIN	NER'S	CERTIFICATE O	F DEATH	REG. NO.	, 0	2 6	
,		CEASED NAME PE OR PRINT)	FIRST	o'i	WIDDLE		LAST	2e. DATE OF		MONTH D		2b. HOUR
SES. ES. ET,			HERBER	ET CA	EVO, AND	LEGR	ANDE	DEATH	MATED	3 18	19 80	/4
PLEASE ECTOR. FILES. HOURS	3. SE		ACE	5. DATE OF BIRTH	6. AGE (IN YEAR LAST BIRTHE	EARS IF UN	NDER 1 YR. IF UNDER					2 कि व्यक्ति
N 200 F	11123	le l	olack	8 14	27 52	111.001.17	HS DAYS HOURS	MIN PRONOU		3 18	19 80	a
113.4269		IRTHPLACE (STATE	OR	76. CITIZEN OF WH		8. MARR	ED NEVER MARRI	FD			FDEATH	
機能を	2	VA		u.	5. A.	WIDOW	VED DIVORCE	Bal:	timore	City		MD.
San Fig.	10, 0	ITY OR TOWN OF I			PITAL, NURSING HOM		HER INSTITUTION	FOR MOST OF WO		F WORK 12b.		
30212	1	Baltimore			rswell Stre			Const	ructio	n		
50290	130.	STATE	13b. COUNT		VE RESIDENCE BEFORE ADMISS	ION)	134 INSIDE CITY LIMITS?	13e. STREET ADDR				
P AND SHOOT SHOT SH	7	Md.			Balto.		YES NO	1556 C	arswel	11		
MD. ATH.	14. F	John T.	Legran	nde nde	LAST		15. MOTHER'S MAIDE	NNAME	MIDDLE		LAST	
MORE, FTER DE FORM FORM ON OF	160.	WAS DECEASED EV	ER IN U.S. ARM	ED FORCES?	16b. SOCIAL SECURIT	Y NO.	17. INFORMANT		ADDRESS			
BALTIMO URS AFTER 8. GIVE PA WITH FOR C. PAGES 1 DIVISION (no	(IF TES, GIVE W	AR OR DATES)			Nadine H	Barksdal	e 2704	Gar		
		18 CAUSE OF DE	ATH (Enter anly I WAS CAUSED	ane cause per line	far (a), (b), and (c).) Alcoholism					В	APPROXIMATE IETWEEN ONSET	AND DEATH
PRESTON ST., VITHIN 24 HOL CIL IN ITEM 18 INER ALONG ANSIT PERMIT AL HYGIENE, I		202	IMMEDIATE	CAUSE (a)								
HIN IN I		SO3-	if any, which	DUE TO, OR	AS A CONSEQUENCE	OF						
		gave rise	ta immediate	(b)								
301 W. CUTED V IN PENA IN PENA IN PENA IN PENA IN PENA IN OF REA		lying cause lo	ting the <u>under-</u> ast.	DUE TO, OR	AS A CONSEQUENCE	OF						
XECUTED CAL EXA BURIAL- AND ME ON, OR R				(c)								
BE EX VDING AEDIC AEDIC AEDIC MATIC	NO	PART 2 DINER SIGNIFI	CANT CONDITIONS CO	ONTRIBUTING TO OFATH I	BUT NOT RELATED TO THE TERI	MINAL DISEAS	E OR CONDITION GIVEN IN PAI	RT 1 (a).				
ALL, CRE	7 3	190. DATE OF OP	ERATION	196. CONDIT	ION FOR WHICH OPER	RATION W	AS PERFORMED?			20	AUTOPSY?	
VITAL CORD "CORD "TOF HERIAL, C	E		15.5								YES 🏝	NO 🗆
VISION OF V. CERTIFICATE S TING THE WO DED TO THE 3 SHOULD BE DEPARTMENT REIOR OF DEP	H H	210. EXTERNAL C		216. TIME OF HOUR A.M.	INJURY MONTH DAY YEA	R 21c. He	OW INJURY OCCURRE	D LENTER NATURE OF IN	JURY IN ITEM 18 PAR	RT 1 OR PART 2)		
SION SION SION SION SION SION SION SION	1 3	UNDERLYING CONTRIBUTING		EATH P.M.	19							
DIVISION OF VITA CERTIFICATE SHOWING THE WORD DED TO THE CH E 3 SHOULD BE U E CEPARTMENT OF	MEDICAL CERTIFICATION	21d. INJURY OCC			OF INJURY (AT HOME, ORY, FARM, ETC.)		CATION STREET	CITY OR TO	WN	COUNTY		STATE
DIN E, WRIT RWARDI PAGE STATE D	_ <		OT WHILE									
2 H & 2 H & 2		22a. I certify th	at I taak charae	of the remains desi	cribed abave, held an	Auton	- XX Inspection	lnguiry	Ond:	in my apiniai	n	
FICAT FICAT TO R		death resulted fr		l causes		icide	Hamicide .	Undetermined m		, 35		
L EXAMINE E CERTIFICA OULD BE FG H, WITH THE			1	7 11	W		TITLE (SPECIFY)	2 Table 1 Time 4 Til				
MAN WANTER		ACTUAL SIGNATURE	Una	welde	Inell	M	Assistant	MEDICAL EXAM	AINER	DATE 3-	18-80	
SH SH	-		Marina	mito A	Verell M.D.		111 D-			3101420		
TO MEDICAL E EXECUTE THE C PAGE 4 SHOU TO FUNERAL I AFTER DEATH,	7	EXAMINER'S NAM (TYPE OR PRINT)	ME Marga	IIILa A.	Korell,M.D.		ADDRESS	nn Street		3 18 1980 a CITY OR COUNTY OF DEATH ORE CITY N (TYPE OF WORK 12b. KIND OF BUSINESS OR INDUSTRY SWE 11 LAST ORESS 2704 Garrison APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PROMISE AND DEATH 20 AUTOPSY? YES NO COUNTY STATE AND AUTOPSY? YES STATE AND AUTOPSY? YES STATE		
PACT PACT PACT PACT PACT PACT PACT PACT	23o.1	URIAL, CREMATION			23t. NAME OF CE		OR CREMATORY	23d. LOCATION		COUNTY	CT.	ATE
70/ BP	B	urial		3-23-80	Springhi	11600	- Chuchs		KNe4/	V	a .	
DHMH - 17	24. 1	UNERAL DIRECTOR	?	ADDRESS			25a. DATE R	REC'D. BY REGISTRA	R 256. REGIST	RAR'S SIGN	ATURE	
(VR A15 ME (5)) 15M 7/77	Ja	mes A. I	Morton	710011200	1701 Lau	rens	MAR :	2.0.1980	frost	my Ma	ready	

STATE OF MARYLAND

	SHIMME		n Earl	
		10.4	,5U,	ر میں
Constitution	2,00:2		0::0	<u> </u> ##*n
List Corevert		stat I		. 5%
redet at w			knougad X	-Long
Designate 170% Carriers	Nactor.			0.0
		on's and		
	nor alima			
Tenet Time		. n n.	i i borieli	
				in 1 vol

4010 RETETEDSTOWN DO

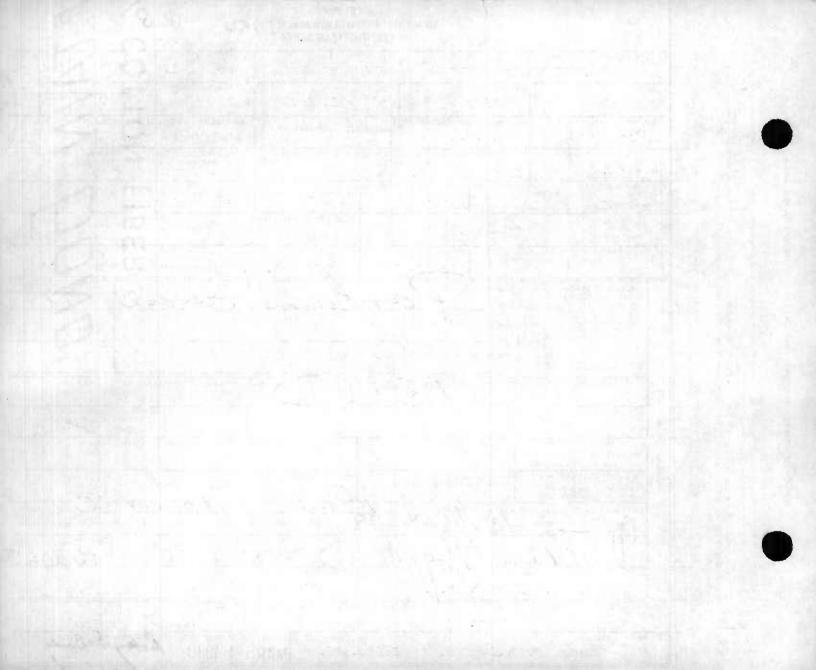
STATE OF MARYLAND

The state of the state of

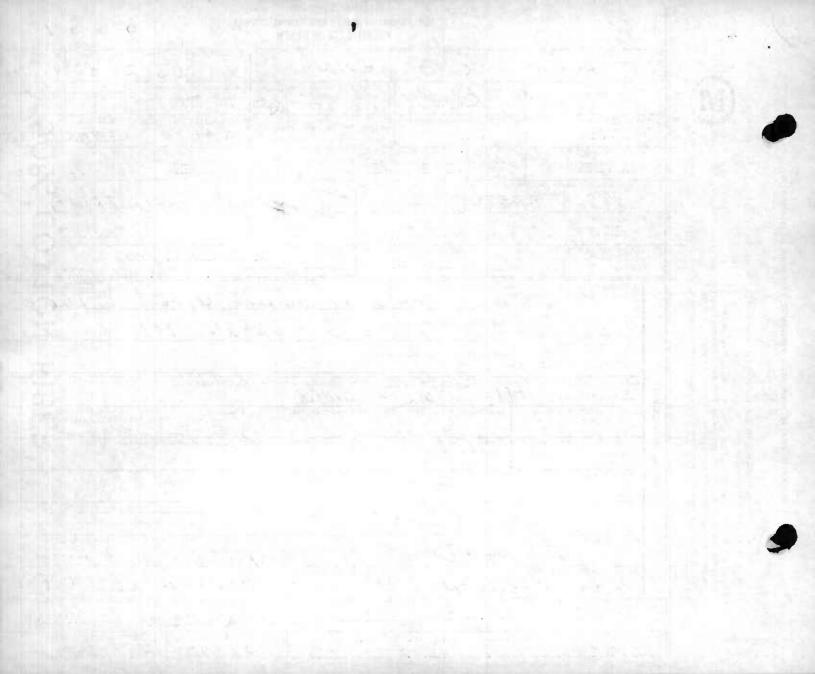
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 20. DATE KNOWN TX MONTH 26. HOUR OF ESTI-(TYPE OR PRINT) RICHARD E. LESHER 1980 DEATH MATED LL DIRECTOR.
YOUR FILES.
I V 72 HOURS 24 HOUR 6:49 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 3. SEX 2c. DATE LAST BIRTHDAY PRONOUNCED 1980 male white June 14, 1911 DEAD 9. BALTIMORE CITY OR COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? To BIRTHPLACE (STATE OR MARRIED NEVER MARRIED FOREIGN COUNTRY DIVORCED X U.S.A. Baltimore City Penna. 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 126. KIND OF BUSINESS FOR MOST OF WORKING LIFF)
Cement Finisher Baltimore E. Baltimore St. Construction JSUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 3409 East Baltimore St. 13d. INSIDE CITY LIMITS? 130. STATE Baltimore 15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME MIDDLE George Laura Eckenrode Butterbaugh Lesher 17. INFORMANT ADDRESS 166. SOCIAL SECURITY NO. Pa. 17201 160. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) D. Moul 198 Tanglewood Lane, Chambersburg 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c),) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19a. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? NO PA YES [21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR 0 MEDICAL CONTRIBUTING CAUSE OF DEATH PRIOR 21f. LOCATION 214 INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME AT WORK AT WORLE STREET CITY OR TOWN COUNTY STREET, FACTORY, FARM, ETC.) 22e. I certify that I took charge of the remains described above, held on Homicide Undetermined manner TO MEDICAL EXAMIN
EXECUTE THE CERTIFIC
PAGE 4 SHOULD BE
TO FUNERAL DIRECT
AFTER DEATH, WITH THE BALLMORE, MARYLAN TITLE (SPECIFY) 3-8-80 ACTUAL Assistant MEDICAL EXAMINER SIGNED SIGNATURE EXAMINER'S NAME Ann M. Dixon, M.D. 111 Penn St. 73a BURIAL CREMATION REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY STATE Mar. 11.1980 Lincoln Cemetery Chambersburg 25g, DATE REC'D, BY REGISTRAR John O. Park 152 S. 2nd St. Chambersburg, Pa. VR A15 ME (5)) 15M 7/76

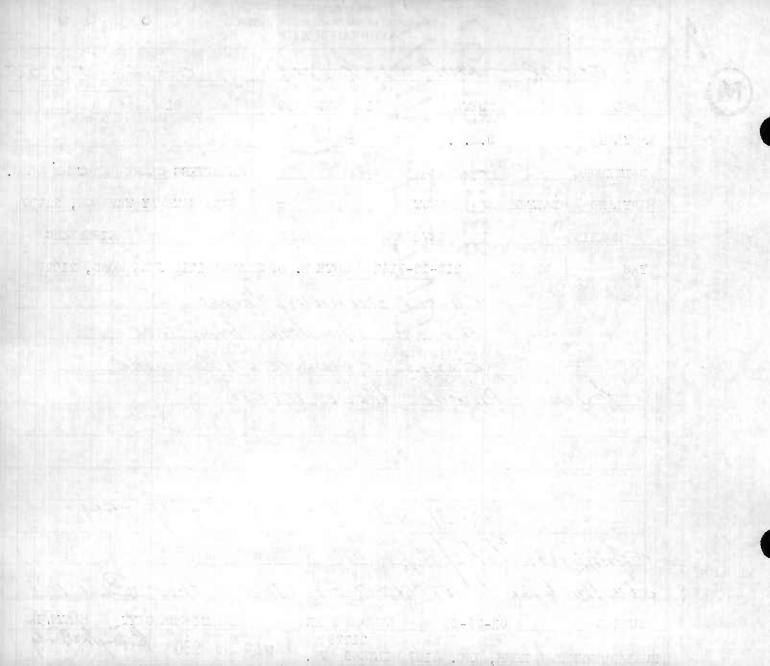
The second secon - sune? element tender to committe element of the experience of the element of the element of the element of the element THE RESIDENCE OF THE PARTY OF T material and books are the first than Miche Villen Spicinger Contoning Throat Office H. and

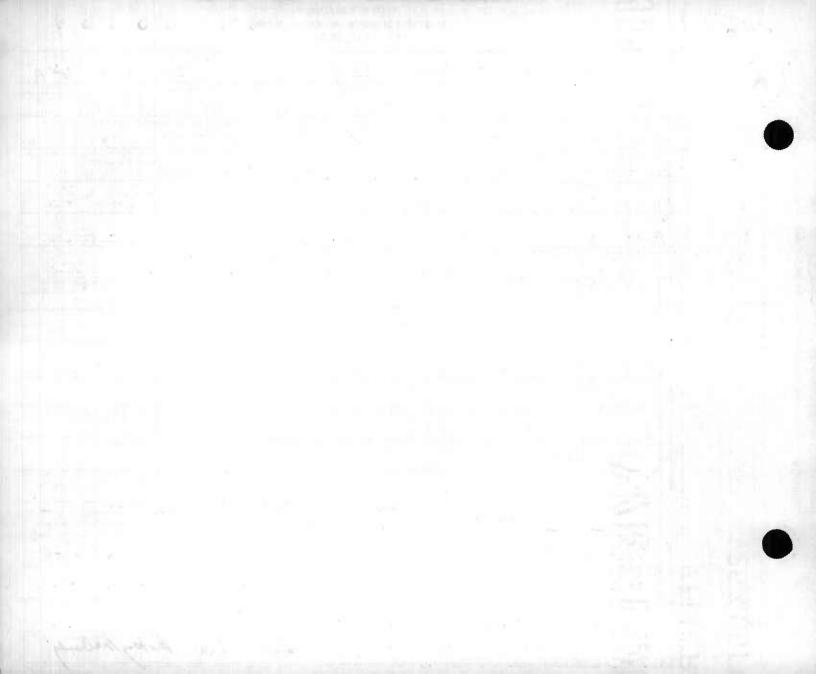
0	1	FOR - STATE REGISTRAR	DEPAR	MENT OF	TE OF MARYLAND HEALTH AND MENTAL HYE FICATE OF DEATH	GENE O O	6 8 5	6
7:5		CEASED NAME FRIST CR PRINT) PRISCIL	LA HYLAND	LEVA	SSEUR	48 97178 301 8 8 6 11	2, 1980	1:45 p
Body	3. SE	remale	White	Juli	OF BRTH 21, 1901	AGE (IN TEAMS LAST BIRT 78	HONTHS DIAYS	
	M a	RTHPLACE MATEORICHEST COUNTRY TY Land	76 CITIZEN OF WHAT COUNTRY U.S.A.	7 8 MARRI WIDOW	ED & NEVER MARRIED	Baltimore CITY O	R COUNTY OF DEATH	
100	10.0	altimore	11. NAME OF HOSPITAL, NURSING HOM (IF NOT IN SUCH FACALTS, ONE STREET ADDRESS) 1309 Park Ave. OF OTHER HISTORIUS ONE RESOURCE REFORE ADMISSIO			The USUAL OCCUPATION INDUSTRY Reg. Nurse Nouse Policy Work For More Poli		
A BO	13a	The latest and the la			134 INSIDE CITY LIMITS? YES X NO []			
301		John	MEDIA RICE		13 MOTHER'S MADEN NA Mary	MEDIE MEDIE	Unkno	wn
Poges /	1	WAS DECEASED EVER IN U.S. ARMED FORCES? IM SOCIAL SECURITY NO. 17 INFORMANT Husband: ADDRESS 136 No. 214-26-4154 Julian J. J. Levasseur Same as 13e						
or been righted by commit. Then please a prior to burnol, or other committees or other	CERTIFICATION	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO PRATECT OF THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 1% DATE OF OPERATION 146. CONDITION FOR WHICH OPERATION WAS PERFORMED 706. AUTOPSYT 706. IF YES, WERE FINDINGS US IN CERTIFYING CAUSES OF DEATH						DINGS USED
of hand polynomial property of Hygen and 18 show	4	\$14. ACCIDENT WAS UNDERLYING OK CONTRIBUTING C CAUSE OF I VESTINER, NOTIFY MEDICAL EXAMO-	DEATH HOUR A.M. MONTH	DAY YEAR	71c HOW INJURY OCCUR	YES NO NO NEW WATER OF PHUR	YES THE PART I OR PART 2)	NO []
led or #	MEDIC	71d NJURY OCCURRED WHATE INDICENTIAL INCOME	ZIN PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE		TIE LOCATION	2 criv on tow	10/8	STATE
State Dept, of Healt NT, If Item 21 is mo		228. I certify that (I) (this haspital) attended the previous disconsistance of the course of the co						
with the Str WPORTAN		William J.	Helfrich, M. D.	NAME OF	5006 Ro.	land Ave.	W DESIGN	
		BURIAL CREMATION REMOV. (GREEN) Cremation	3/ 13/80 33		nmount	Baltimo	ore, Marylan	nd state
50M 1/76	74.5	UNERAL DIRECTOR	7 Puck Inc.	Balt	O. Md. MAI	TE REC'D. BY REGISTRAR	Justiny / NE	ready



STATE OF MARYLAND FOR DEPARTMENT OF KOALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. 1. DECEASED NAME MIDDLE 28 DATE OF DEATH MONTH (TYPE OR PRINT) LEVIN ANNA XXXX 3. SEX 4 RACE 05 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS MONTH EMALE. CAUCASIAN 74 To. BIRTHPLACE ISTATE OR FOREIGN TE CITIZEN OF WHAT COUNTRY BALTIMORE CITY OR COUNTY OF DEATH RUSSIA MARRIED NEVER MARRIED USA DIVORCED IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12h, KIND OF BUSINESS OR (IF NOT IN SUCH EACHITY, GIVE STREET ADDRESS)
SINAI HOSPITAL BALTIMORE HOME BALTIMORE, MARYLAND 21201 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE REFORE ADMISSIONAL GKEENS/R/A 14 FATHER'S NAME MOTHER'S MAIDEN NAME MIDDLE **ISADORE** CHAS'ANOW REBECCA CHASANÓW 16g WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO MRS. LILLIAN L. MAASS 17. INFORMANT (XES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 218-50-7051 LABYRINTH RD. BALTO MD 21215 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY. DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., IMMEDIATE CAUSE (o DUE TO OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (o), stoting DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF YES [71a ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 80 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE WHILE AT WORK AT WORK 220.1 certify that (I) (this haspital) attended the deceased from saw the deceased alive an $\frac{3}{2}$ sow the deceased alive on ... and that in Con (our) opinion death accurred on the date and hour and from the causes stated obove, (I) (we) (did) (did not) why the body after death 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING, MEDICAL should be deto with the State [DIRECTOR PHYSICIAN 3/20/80 22e ADDRESS 231. NAME OF CEMETERY OR CREMATORY 23,1980 BETH ISAAC ADATH ISRAEL MARYLÄND SOL LEVINSON & BROS., INC. 25a DATE REC'D. BY REGISTRAR 25b. REMISTRAR'S SIGNATURE DHMH-16 60M 1/73 6010 REISTERSTOWN RD. BALTO., MD 21215 (VR A 15 (4))



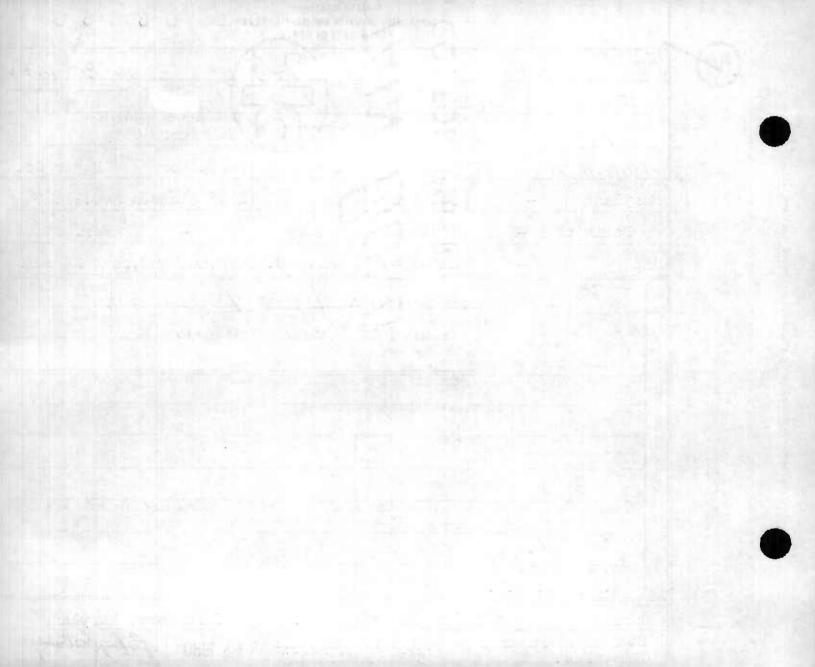




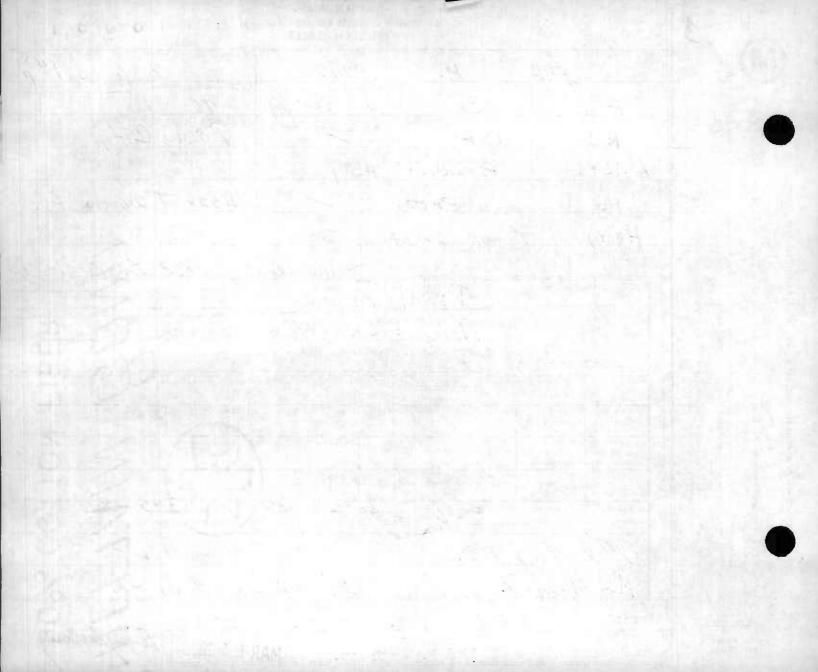
Md 21218

(VR A 15 (4))

Home. Inc.



	1			STATE OF MA	ARYLAND			
1	1.	FOR STATE	DEP	ARTMENT OF HEALTH		gye () (0 6 8 6	
		REGISTRAR		CERTIFICATE	OF DEATH	REG. NO).	3.5
(M)		CEASED NAME FIRST	MIDDLE	LAST	•	2a. DATE OF DEATH	MONTH DAY YEAR	26 HOUR 5
(AA) 93		FVA	. <i>M</i> .	Lewi	5		3 6 80	12pm
	3 SE	X	4 RACE	5. DATE OF BIRTH		AGE (IN YEARS LAST BIRTH		IF UNDER Z4 HRS
Page 4 director hours affi		F	B	8	18 09	70	YRS.	HOURS MIN
ol direce.		IRTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF WHAT COUN	MARRIED N	EVER MARRIED	BALTIMORE CITY OF	COUNTY OF DEATH	
Joseph Zing Zing Zing Zing Zing Zing Zing Zing		N.C.	USA	WIDOWED	DIVORCED [PALTI	1-1+4	MD.
offer dec	10 C	ITY OR TOWN OF DEATH	 NAME OF HOSPITAL, N (IF NOT INSUCH FACILITY, GIVE 	URSING HOME OR OTHE	RINSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF		BUSINESS OR
by the		PALTO	trouide	nt Hosp	2,			
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 INC. PHYSICIAN: The low requires that the death certificate be executed within 24 hours of tending physician. When this certificate has been signed by the ottending physician and completely filled in by as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 should be fill the and Mental Hygiene prior to buriol, cremation, or removal.	USU 13a	AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION, GIVE RESIDENCE 131. CITY OF	EBEFORE ADMISSION) 13d INS	SIDE CITY LIMITS?	3e. STREET ADDRESS	-	1
AND 2		Md	Ba	TO, YES		4228	lowanda	true.
E, MARYLA completely f s 1 and 2 sha	14 F	ATHER'S NAME	MIDDLE LAS	15. MO	THER'S MAIDEN NAM	MIDDIE WIDDIE	LAST	
M hed on on one of one		Henry .	Thomas CI	ristian J	anie	Mae		
MORE,	16a \	WAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIVI	MED FORCES? 166 SOCIAL	SECURITY NO. 17 INF	ORMANT	ADDRE	+ D	1 0
JIM on o s. Po		No		Ed	na Lewi	5 380	3 Durring	ton Ro
VST., BALT certificate b ng physicia bonpapers removal.		18 CAUSE OF DEATH (Enter or PART I, DEATH WAS CAUSE	D RY	b, ond c			BETWEEN O	NATE INTERVAL NSET AND DEATH
LST., rentification of phone phone remo			E CAUSE (o)	n FAI	LRG.			
deoth c		4-14-0	DUE TO, OR AS A CON	SEQUENCE OF	· Hum	+ Discon		
RES dec		Conditions, if ony, which gove rise to immediate	(b) FIRAR	erascheuti	c penk	WITCHS.	e l	
W.P not the by the ose rer crem		couse (0), stoting the underlying couse lost	DUE TO, OR AS A CON	SEQUENCE OF				
s that s that please by in rial, cr			- (c)	2 10 051711017110705				
ps, garine sign hen I to bu	z	PART 2. OTHER SIGNIFICANT	ONDITIONS CONTRIBUTING	3 TO DEATH BUT NOT KE	LATED TO THE TERMIN	NAL DISEASE OR CONL	THON GIVEN IN PART TO	
been mit. I prior ony ir	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATION WAS F	PERFORMED	20a AUTOPSY?	206. IF YES, WERE FINDING	
TALRE lo cicion. The lo cicion. te hos list perringite per gitene p	E					YES TO NOT	IN CERTIFYING CAUSES (OF DEATH?
VITA N: Th Ns: Th ronsit Hygie	E S	210. ACCIDENT WAS UNDERLYING		21c. HC	OW INJURY OCCURRE		Y IN ITEM 18, PART 1 OR PART 2)	
SICIAN: T and physicia certificate uriol-frontsiented Hygin term 18 sh		OR CONTRIBUTING CAUSE OF DEA		DAY YEAR				
VISION OF VII O PHYSICIAN: otherding physis er this certificon is the buriol-tron ond Mental Hy ked or Item 18	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY	211. 10	CATION	CITY OR TOW	N COUNTY	STATE
DIVISION PROPERTY After the easthe alth and morked of	\$	WHILE NOT WHILE THE AT WORK	(AT HOME, STREET, FACTORY, C	FFICE, FARM, ETC.)	JIRCE I	CITORTOW	COUNTI	STATE
DO CONTRACTOR		22a I certify that (I) (this hospi	tol) ottended the deceased f		24, 1980	_, to	-(2, 1960) , 1	hot (I) (we) lost
R ATTER hospita hospita RECTOR RECTOR Ped for uppt of Hem 21 is		saw the deceased alive on above, (1) (we) (did) (did no	ti view the body ofter death.	19 60 , and that in	n (my) (our) opinion de	eath occurred on the do	te and hour and from the c	ouses stated
OR A he hos A DIRECTOR A DEPT If Item		THE SIGNATURE 1 111	1 4 %	DEGREE			22c. DATE S	IGNED
7 + 7 + 5		Y/ W. Willen	A. M.D.		ATTENDING PHYSICIAN	MEDICAL STAF	IAN	
HOSPITAL ined by th FUNERAL wid be detected the Stote		22d. PHYSICIAN'S NAME (TYPE O	PRINTI	22e AD	DDRESS //	(11 /	1 1.	-01
		M.H. Alleni	SR.	24	100 Libe	esty Hight.	3 HUG	
51 51 3 4 3 M	23a	BURIAL, CREMATION, REMOVAL		23c. NAME OF CEMETER	Y OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY	STATE
S/3 BP		Burial	1/10/80	Mt. Auburn	Cem.	Baltimore		
DHMH - 16 50M 1/76		UNERAL DIRECTOR	ADDRE		25e. DATE		Listery freel	thooly
(VR A 15 (4))		Wim C March F/H	1101 E	. North Ave.	MAR	1 2 1980	///	/



MIDDLE

FOR

1. DECEASED NAME

REGISTRAR

- STATE

HOURS BALTIMORE CITY OR COUNTY OF DEATH BALTIMORE CITY 12m USUAL OCCUPATION 12h, KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Homemaker 13a STREET ADDRESS 1090 W. Northern Parkway MIDDLE Blond ADDRESS Mr. Harry Libshutz same as # 13 APPROXIMATE INTERVAL PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES [NO [21c. HOW INJURY OCCURRED [ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2] CITY OF TOWN COUNTY STATE and that in (my) your apinian death occurred an the date and have and from the causes stated 22c DATE SIGNED DIRECTOR PHYSICIAN Baltimore Maryland Cremation 3/6/80 Loudon Park Crematory 250. DATE REC'D. BY REGISTRAR BEAR 24 FUNERAL DIRECTOR DHMH-16 25M (VRA 15, 4) 1/79 Ruck Towson Funeral Home, Inc. 1050 York Road

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

LAST

REG NO

MONTH

1980

IF UNDER 1 YEAR

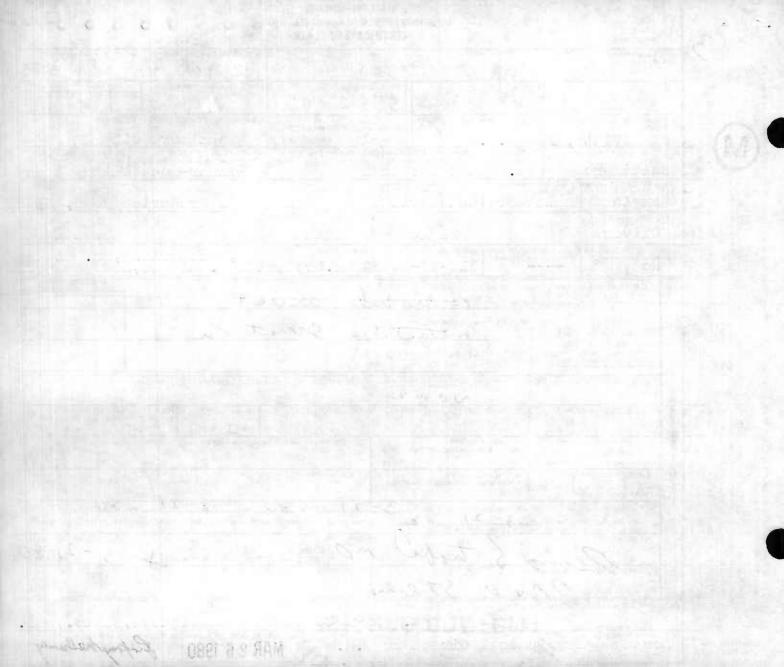
7h HOUR

IF UNDER 24 HRS

2ª DATE OF DEATH

		y Toniciae	P P P
			-

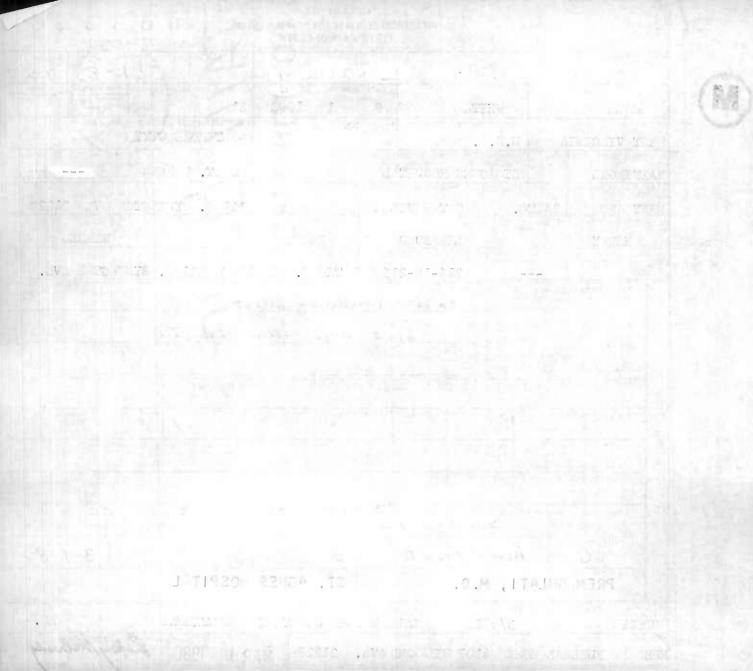
	1				OF MARYLAND		- 4 4	4 6.6	
2	1	FOR STATE REGISTRAR	DI		CATE OF DEATH	GIENE ()	0 6 3	5 5	
7		ECEASED NAME FIRST	MIDDLE	LA	ST		MONTH DAY	YEAR 21 HOL	
ay be bage 3 death	1	ANNA	MAR	LIEBN	0	3/21/30		8 1	5pr
may r, pag er de	3 S	EX 4	RACE	5. DATE O		6 AGE (IN YEARS LAST BIR	THOAY) IF UNO	DAYS HOURS	R 24 HRS
afte after		FEMALE	W	5	2 04	75	YRS		mire
		SIRTHPLACE (STATE OR FOREIGN 7)	CITIZEN OF WHAT COL	MARRIED	XX NEVER MARRIED				
(医) (PIKESVILLE, MD	U.S.A	WIDOWE			ore Cit		M
4	5 i	Baltimore	1. NAME OF HOSPITAL, INF NOT IN SUCH FACILITY, GT St. Agnes	VE STREET ADDRESSI Hospita		170 USUAL OCCUPAT ITYPE OF WORK FOR MOST O Millner-	F WORKING LIFE) IN		
A 24 F	USI 13a	JAL RESIDENCE IN NURSING HOME OR OF STATE 131 COUNT	THER INSTITUTION, GIVE RESIDEN	CE BEFORE ADMISSION)	134 INSIDE CITY LIMITS?	13e STREET ADDRESS			
1 時 紅		Maryland Balt		onsville	YES NO X	1803 Fr∈	derick	Road,	212
2 shelp	II. I	ATHER'S NAME	DDLE L	AST	15 MOTHER'S MAIDEN N	AME MIDDLE		LAST	
# FF 043	9	Oliver	Wri	ight	Edith		C	ompton	
e be exe in and of Puges 1.	4	WAS DECEASED EVER IN U.S. ARMI	ED FORCES? 166 SOCIA (AR OR OATES) 212-	-30-2088	17 INFORMANT A Mr.Frede	Rd, Cator rick W. Li	sville, ebno,18	Md. 21: 03 Fred	228 de:
icet wat went		18 CAUSE OF DEATH (Enter only	one couse per line far (a),		٨			APPROXIMATE INTE	RVAL D DEATH
ph ph str		PART I. DEATH WAS CAUSED	- AA -	diopu	l. ans	est			
# ### #		1749	0.15.10.00.15.1.50.	ISTOLITATE OF					
des tran tran		C. Allin V.	DUE TO, OR AS A COM	NSEGUENCE OF	: - Brea	1 10	4		
the at the the		Canditians, if any, which	(b)	casias	50 17				
that y th	1	cause (a), stating the underlying cause last	DUE TO, OR AS A COM	NSEQUENCE OF			10 Kg 10		
to the state of	1		(c)						
n sign to the to to the triple of	Z	PART 2 OTHER SIGNIFICANT CO	INDITIONS CONTRIBUTION	NG TO DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR CON	DITION GIVEN IN	PART 1(a)	
rine ric T	٦¥	19g DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATION	WAS PERFORMED	200 AUTOPSY?		E FINDINGS USE	
4 45 49	吊					YES NO	IN CERTIFYING YES	CAUSES OF DEA	
Siction tiffical ansign	CERTIFICATION	21g. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		21c HOW INJURY OCCU				
HYSICI physic is certifican ial-tran ental H	_	OR CONTRIBUTING CAUSE OF DEATH							
PHYSIC og physic this certi urial-trar Mental B	MEDICAL	1 IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M. 21e PLACE OF INJURY	19	211 LOCATION				
DING PHYSICI, ttending physica After this certific is the burial-trans th and Mental H marked or Item	ME	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY,	OFFICE, FARM, ETC)	STREET	CITY OR TO	wn co	UNTY S	STATE
R R S		22a. I certify that (I) (this haspital			-2/ 19 8	Q 10 8-	21 19	, that (1) ((we) lo
ATTI Dital o ECTO for us		saw the deceased alive an abave, (I) (we) (did) (did nat):	3 - 2/	19 80 an	d that in (my) (aur) apiniar	death accurred an the d	ate and haur and i	fram the causes st	tated
DIRE DIRE		226. SIGNATURE	A I		DEGREE		2	1. DATE SIGNED)
		ni	of the	the .	ATTENDING PHYSICIAN	MEDICAL STA		3 - 21-	-8
SPITAL I by the NERAL oe detac \$ State (1	224. PHYSICIAN'S NAME ITYPE OR P	RINT)		22e ADDRESS				
TO HOSPITA, retained by the TO FUNERAL should be detained with the State MPORTANT:		n K	91110 5	T DOBGI					
TO F should with	23a	BURIAL, CREMATION, REMOVAL	23b. DATE		METERY OR CREMATORY	23d. LOCATION CITY OF TOWN			
BP		(SPECHY) Burial	3/25-80		ive Cemete	ry Randall	stown B		MC
05	24	LINE PAL DIRECTOR			25a. D.A	TE REC'D. BY REGISTRAR	256. REGISTAAR'S	SIGNATURE	
DHMH-16 25M (VRA 15, 4) 1/79		Lorg Byers F			P.A.	IAR 2 6 1980	froster	y Malrer	dy
		728 Liberty R	oad Randa	Listown	Md 21133 "	4 3 1000			1



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. I DECEASED NAME MIDDLE Ze. DATE OF DEATH MONTH 7h. HOUR (TYPE OR PRINT) Ri MARGARET LILLEY MARCH 19 1980 5:32P 4 RACE 5. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 3 SEX 6. AGE (IN YEARS LAST BIRTHDAY) YEAR DAYS HOURS IN 1909 TO BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY BALTIMORE CITY MARYLAND WIDOWED DIVORCED [10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12R USUAL OCCUPATION 12h, KIND OF BUSINESS OR JOHNS HOPKINS HOSPITAL INDUSTRY LIYEE OF WORK FOR MOST OF WORKING LIFE! ALTO PERATOR BUND USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE REFORE ADMISSION) 13R STATE 136 COUNTY 13. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS MD N. MADEIRA ST. BALTO 206 YES X NO 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME LAST FIRST MIDDLE LAST ANNA ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) 9010 Karbara M APPROXIMATE INTERVAL 11 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I DEATH WAS CAUSED BY DUE TO OR AS A CONSEQUENCE OF Canditions, if any, which gove rise to immediate couse to, stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 70e AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOL YES [NO [21a ACCIDENT WAS UNDERLYING 716. TIME OF INJURY 214 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) PM 21d. INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OF TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET COUNTY STATE NOT WHILE WHILE AT WORK AT WORK 270.1 certify that (1) (this hospital) attended the deceased from sow the deceased alive on and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (1) (we) (didty(did not) view the body after death 77h SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL DIRECTOR PRHYSICIAN **PHYSICIAN** 224. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS 200 DRT 234 LOCATION 230 BURIAL, CREMATION, REMOVAL 236. DATE 230 NAME OF CEMETERY OR CREMATORY STATE (SPECIFY) 3-24-80 BALTO, NATIONAL SALTO DURIAL 258 DATE REC'D. BY REGISTRAR 256 REDISTRAR'S SECTION ATURE LL 74 FUNERAL DIRECTO DHMH-16 25M (VRA 15, 4) 1/7

MARYLAND U.S.A. PAUTO CARTON LOUISING TO CARTON OF THE CO. - BALTO X GOL N MADERIA ST данА HENRY OKELI No. - 212-67 9010 Barbare M Storgensold - 7849 Houseward SAMOTTIM STEPS OF HE & SAIDOUS alu comiai 28 maple O HEER - white strong

(VR A 15 (4))



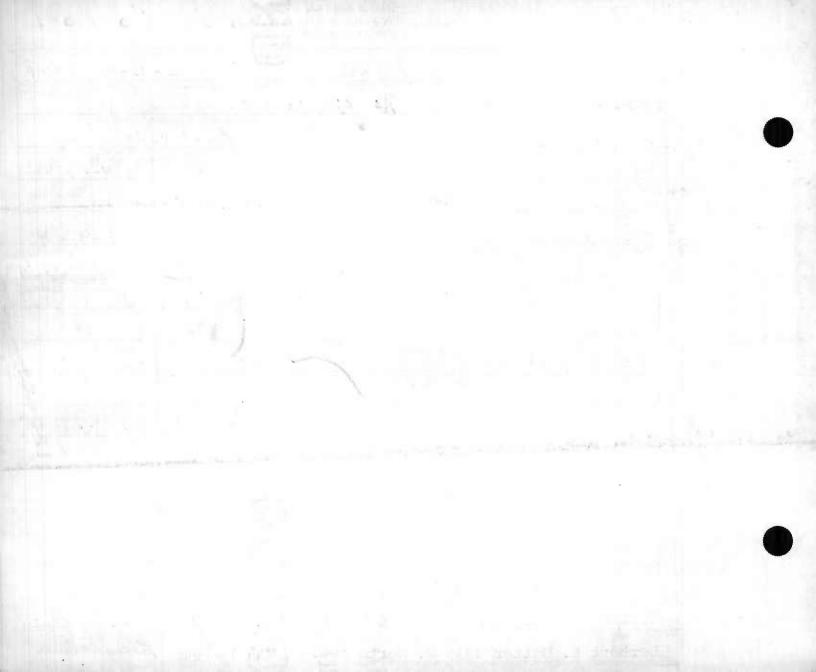
02 20 20	vilantili	CUMULI	T. I
7':	1 19 06	NE LIN	SIZM
COMMENCE COMME	x	1.E.U	AT TOSTY
	rion mores, car	TARRIS ADMINICEDAL	A 10.7 XX/ V
2003 Pareley Stront		1.50 17.776	MARYLAN
3.000	199 M125	Young Total	7 5I
ocerie 2000 Joch Inves Mul	tage catent	21 24322	II.M. DEY
04 E 6 H3RM	OH II YMAYAM	OI C POSER	
1717 VVI = KuV-'		TOME OF TOME	interest in

B	1.	FOR - STATE REGISTRAR	DEPART	MENT OF H	E OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH	IENE & O	0 6	3 8	5 /
3 85		CEASED NAME FRST OR PRINT) Wilbus	r Anthony	Line	han	March 12		YEAR 21	9:51p
Mary (38)	3 SE	× Male	White	S. DATE O	ch14, 1889	6 AGE (IN YEARS LAST BIRTI	HDAY) IF UI		FUNDER 24 HRS
1 10 16	-	ew Hampshire	75 CITIZEN OF WHAT COUNTRY? U. S. A.	MARRIE WIDOWI	D NEVER MARRIED	B BALTIMORE CITY OR COUNTY OF DEATH			MD.
1	10 C	altimore	11. NAME OF HOSPITAL, NURSIN	ADDRESS)		120 USUAL OCCUPATE (TYPE OF WORK FOR MOST O Director	F WORKING LIFE)	126. KIND OF E	
on 24 ho	USU 13e	AL RESIDENCE (IF NURSING HOMEO	NOTHER INSTITUTION, GIVE RESIDENCE BEFORE NET OF TOWN TOWN TOWN TOWN TOWN	/N	134. INSIDE CITY LIMITS?	8 Timber	land D	rive	
Mary Mary Mary	J4. F	. D. Linehan	MIDDLE LAST		Azelda	(NMN)	Mc	Indőe	
Page 1	16a \	NAS DECEASED EVER IN U.S. AF YES, NO ORUNKNOWN) (IF YES, GN	RMED FORCES? 166 SOCIAL SECU (160 SOCIAL		Barbara Be	atson, Fr		ksbur	g, Va
requires that the death certification is signed by the attending phy hen please remove cathorn part to burial, cremation, or remover injury, or other traumatic expensions.	NO	Conditions, if any, which gave rise to immediate cause 101, stating the underlying cause lost	DUE TO, OR AS A CONSEQUE TO, OR AS A CONSEQUE TO. AS A CONSEQUE CONDITIONS CONTRIBUTING TO	ENCE ON	el infarcti	INAL DISEASE OR CONF	DITION GIVEN	zhu Zda Zmn	of Interval Set and Death . .
N: The law nter has bee permit. T giene prior S shows ar	CERTIFICATION	196 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION	N WAS PERFORMED	200 AUTOPSY?	200. IF YES, WIN CERTIFY IN	G CAUSES OF	S USED F DEATH? NO
ALORA ATTENDING PHYSICIAN the hospital or attending physician AL DIRECTOR: After this certificatisched for use as the burial-transit its Dept. of Health and Mental Hysicial Its If Item 21 is marked or Item 11	MEDICAL CER	216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINER 21d. IN JURY OCCURRED WHILE AT WORK AT WORK AT WORK 120 Certify that (1) (this hasp saw the deceased alive or abave, (1) (we) (did) (did no 22b. SIGNATURE	ATH HOUR A.M. MONTH, P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, ital) attended the gracegood from	FARM, ETC)	211 LOCATION STREET 211 LOCATION STREET And that in (my) (aur) aprilian of Physician Physician	city or tow	one and haur an	COUNTY , the	-
trained by O FUNER, hould be devith the Sta		WRIGHT	(TERSA)		John & Hople	ins Hospi	Kel E	alla	are, M
BP	230	BURIAL, CREMATION, REMOVAL SPECEY) BUrial UNERAL DISPETOR	Varch 15,198	0 Lau	rel Hill Ce	23d. LOCATION CITY OF TOWN SPOTSY L FREC'D, BY REGISTRAR AK 20 1980	vania	Count Count rssignatu	STATE V2

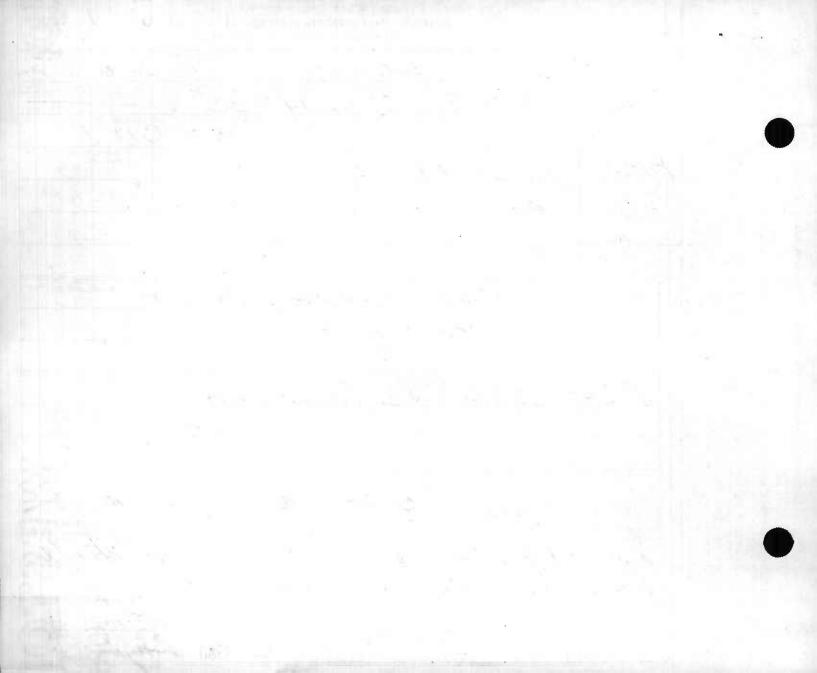
The state of the s de la contra del la contra de la contra de la contra del la cont lennance cojoerik in indiana militari mana, will fir nig spoteglyenia county and all important and arive Lechnio () GOZBA nedemid . a . a 029-11-5000 Embane Leatson, PresenticksMins, The many relained s., s. 1 Continuation of the Total Live Janes Heller, Park Santi 12 million of the March 80 10 March 80 Total RMS Co. State Walter (192524) was alighted hespital tellecine, Mil. Version of the mine

V 24	1 -	FOR STATE REGISTRAR	89	DEPARTA	NENT OF H	OF MARYLAND ALTH AND MENTAL HYG CATE OF DEATH	CENE U REG.	063	6	3
7		CEASED NAME FIRST		DOLE	1	1777 8	20 DATE OF DEATH	MONTH BAY	750 7	HOUR
deat	3 SE.	BARB	4 RACE	HIVN	S. DATE O	BIDTH	6. AGE JIN YEARS LAST BE		1	UNDER 24 HRS
after ear	3 36.	FEMALE	NEG	EPO.	JULY	5 1941		MONT		OURS MIN
Pag director burs af once	Jo Bi	RTHPLACE ISTATE OR FOREIGN		VHAT COUNTRY?	1	37	9 BALTIMORE CITY	R COUNTY OF	DEATH	
death 72 h		MARYLAND		5. A.	MARRIED		BACT	ima	Pe C	17/MD
by the fu		BALTIMORE	11. NAME OF H		G HOME O	HOSE TAL	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST	OF WORKING CIFET 1	26. KIND OF B NDUSTRY PROBAT	
BALTIMORE, MARYLAND 2120 ificate be executed within 24 hou ysician and completely filled in by pers. Pages 1 and 2 should be filed oval.	USU	AL RESIDENCE (IF NURSING HOME OR STATE 1136 COUN	OTHER INSTITUTION, O	SIVE RESIDENCE BEFORE	ADMISSIONI N 1	13d. INSIDECITY LIMITS?	130 STREET ADDRESS			2011 2
AND fille	MAI	RYLAND		BALTIM		YES NO		SING S	TREET	21213
d with detely 2 sho			M IDDLE	LAST		IS MOTHER'S MAIDEN NA	ME MIDDEE		LAST	
xecuted xecuted from pile 1 and 2 medical		BENJAMIN		WELLS		BERTHA	ADDR		RODĜE	N
TIMORE te be exe an and c Pages 1 tt, the mit	l,		WAR OR DATES)	16 SOCIAL SECU	100	17 INFORMANT	1			7 // 7 0
ate b		18 CAUSE OF DEATH (Enter on		219-38-		BERTHA WEL	LS / 1329	KADINATA	APPROXIMAT BETWEEN ONS	# 18
WDS, 201 W. PRESTON ST., 8. We requires that the death certifit een signed by the attending phys. Then please remove carbon pape of to burial, cremation, or remov any injury, or other traumatic ev	NO	Canditians, if any, which gove rise to immediate couse (a), stating the underlying cause last PART 2 OTHER SIGNIFICANT C	(b) DUE TO, OR (c)	AS A CONSEQUE	NCE OF	ZAL AN	NORNHASS VEUR V.S.Y	IDITION GIVEN I	N PART 1(a)	
The law e has been bermit. The neme prior shows an	CERTIFICATION	190 DATE OF OPERATION	11/2/2017			WAS PERFORMED	20a AUTOPSY?	206. IF YES, WE	RE FINDINGS	S USED F DEATH?
TAL Nan. Tal. Na	RTE	3/1/80	(-0,	LEDRAL	1-11	EURYSM	YES NO	YES [,	NO 🗆
ION OF VITAL RESPONSE OF VITAL RESPONSE OF THIS CERTIFICATE PORTAL HYGIENE END OF THE THIS SHOPE OF TH		OR CONTRIBUTING CAUSE OF DEA		MONTH DA	Y YEAR	211 HOW INJURY OCCUR	CED TENTER NATURE OF INJ	IRY IN ITEM 18, PART I	OR PART 2]	
N N N N N N N N N N N N N N N N N N N	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE C LAT HOME, STRE	OF INJURY ET, FACTORY, OFFICE, F	ARM, ETC.)	ZII LOCATION STREET	CITY OR TO	wn c	COUNTY	STATE
ATTEN aital or a ECTOR for use a of Hea		220.1 certify that (1) (this haspi saw the deceased alive an abave, (1) (we) (did) (did no	3/	12 19	50, on	that in (my) (aur) apınian	death occurred on the c	late and hour and		at (1) (we) last uses stated
	i i	22b. SIGNATURE	720	nto		ATTENDING PHYSICIAN	MEDICAL STA	AFF CIAN 🖳	224. DATE SK	SNED
TO HOSPITAL retained by the TO FUNERAL should be detack with the State		226 PHYSICIAN'S NAME (TYPE O	PRINTI	H		276 ADDRESS JOHNS	HOTKIN	s Has	SPITA	
BP	23o E	BURIAL CREMATION, REMOVAL	23b. DATE 03/15/		LT IMC	METERY OR CREMATORY RECEMETER	Y BALTIN	ORE COU	MD	STATE
DHMH-16 25M (VRA 15, 4) 1/79		INERAL DIRECTOR RSHALL W JON	ES JR/	4101 EI	MOND		R 1 7 1980	25b. RS STRAR	SPECE	and the same of th

CHANGE OF THE STREET OF THE STREET OF THE STREET OF THE STREET

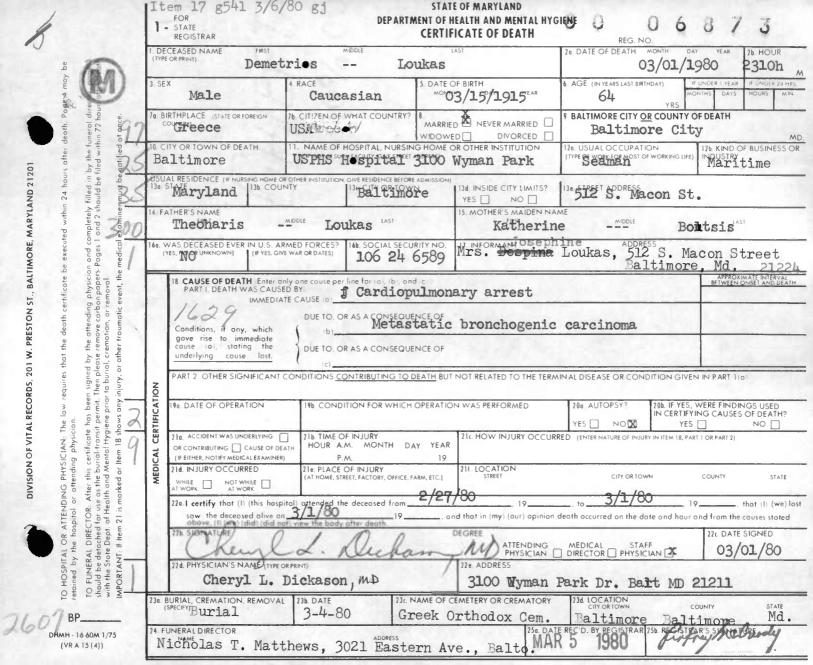


a D SHIFT DURING IS GETS HELDERD THE PERSON AND TONE PRESENT STUDIES CHARLES OF SHOW BEFORE



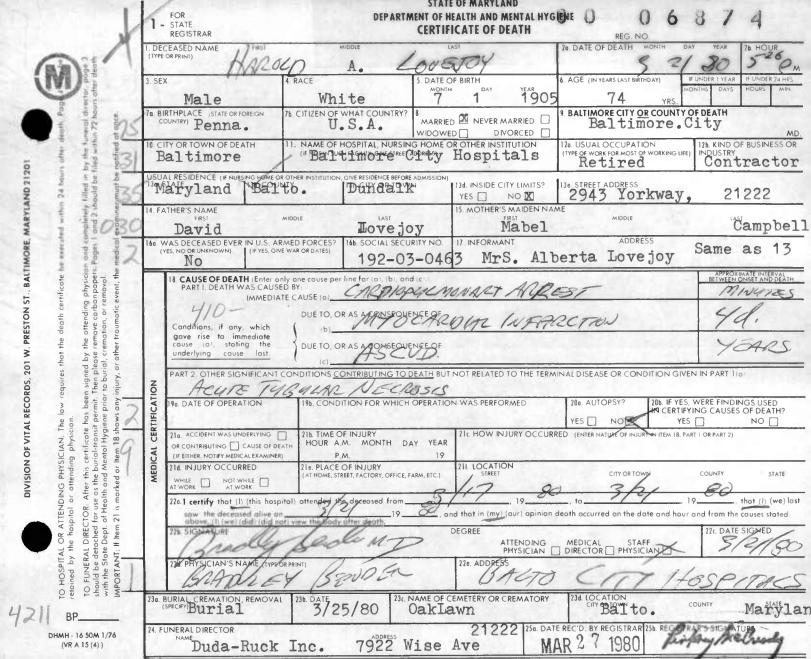
(VR A 15 (4)) 9/74

willia erestelen Holto, wild. T.E. P. nii ana an University | orbital en entini WEST STATE HOWED FORE Milingal alvana Walter Helland Say of the Marie Marie Bolland 1600 Copen Talle turing Telefators far. Indicinera.



Jenom-- ro-moneg cle Couerelea og 1511 racco inetes named to rough Slot in ice a second anallo === unlessta 12 12 12 1 Corcional outre cruce escabrile moneio enie erreino a u 10, 10 x Cherryl J. Fieldson 31% You do the 1211

STATE OF THE PARTY OF THE PARTY



5 7 20 5 MASSEL STEEL OF SOLL TARL OF GETS TE althora with section of a south is .offal hatre Tederale ... 1 191-05-0485 1780, Alberta Love No. Sans and A Commence of the same of the same THE CONTRACTOR CVDEN STEERS IN STRUMENT STRUME That Level ASS-Subtraction Too. Too. The Asset Asset Walk and Asset Ass

2 hours at the gardine.	1 D (17	REGISTRAR ECEASED NAME FIRST PE OR PRINT! HARR	MIDDLE	LASI		REG. NO.		
72 hours after	3.5				AS	20 DATE OF DEATH MONTH	30 80	26. HOUR 11:30 PM
2 ho		M	VC	S. DATE OF	OP /O	6 AGE (IN YEARS LAST BIRTHDAY)		IF UNDER 24 HRS HOURS MIN
ped 3		BIRTHPLACE (STATE OR FOREIGN COUNTRY)	U.S.A.	MARRIED WIDOWED	NEVER MARRIED	P BALTIMORE CITY OR COU	NTY OF DEATH	MD.
politied 4	2	BALTI MORE		GEN . It	_	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN	G LIFE) INDUSTRY	OF BUSINESS OR CETE PRODU
ed see	130	MD 131 COO	PROTHER INSTITUTION, GIVE RESIDENCE BEFO INTY NAKD FREDER	WN 11	34. INSIDE CITY LIMITS? YES NO [130 STREET ADDRESS 5617 OLD NA	TIONAL PI	KE 21701
exomine (14.1	FATHER'S NAME ROBERT	MIDDLE LUC	AS	S. MOTHER'S MAIDEN NO FIRST ANNIE	MIDDLE T.	BE	SILL
Z medico		WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (IF YES, GI	RMED FORCES? 166 SOCIAL SECULAR SECULA	-1602	Mrs. Fre	hy E. Lucas, derick, Mary	15617 0 land 21	ld Nat.
injury, ar ather traumati	NOI	Canditions, if any, which gove rise to immediate couse 10°, stating the underlying cause last PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSEQUENCE OF THE TOTAL OF	verher	Sepris. other of the term	Hypokalem	GIVEN IN PART 10	erdous
Hygiene prio	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHIC			YES NO IN CE	YES, WERE FINDIF RTIFYING CAUSES YES [NGS USED S OF DEATH? NO
or Item 18 s	MEDICAL CE	21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF EITHER, MOTIFY MEDICAL EXAMINE 21d, IN JURY OCCURRED		DAY YEAR 19	21c. HOW INJURY OCCUI	RRED (ENTER NATURE OF INJURY IN ITEM	18, PART 1 OR PART 2) COUNTY	STATE
ANT: If them 21 is marked		sow the decrosed alive o obove, (I) (w) (did) (did n 226 SIGNATURE	oitol) ottended the deceased from n 3-30 into view the body ofter death.	3-18 80 and	that in (my) (aur) apinion GREE ATTENDING PHYSICIAN 270 ADDRESS	to 2 - 20 death accurred an the date and	hour and from the	that (I) lost
Moora of the State	31	BURIAL CREMATION, REMOVA	AVARES M. 23. DATE Apr 2, 1980 M. Aceney Basker St., Frederick	NAME OF CEA	eral Howa	23d. LOCATION CITY OF TOWN Frederick TEREC'D. BY REGISTRAR 258	COUNTY	TURE

All the state of t . An alcheson in total and repend to the first to the first and described and described to the first to the f

			A STATE OF THE STA						ATE OF A							
		N-	FOR STATE					MENT OF			MENTAL H	GIENE F DEATH	0	6 3	1 6)
	1	I. DE	REGISTRAR CEASED NAME	FIRST		74121	MIDDLE	LAAMII	VEK 3	LAST	CATEO		KEG. I		DAY Y	EAR Zb. HOUR
(20)			PE OR PRINT)				Ann		_				OF ESTI- EATH MATED	production of the same of the		
	EASE TOR TIES DUR REET	3 SEX	× 1	Jar 4 RACE		TE OF BIRTH		I AGE (IN)	YEARS IF UN	ucas	IF UNDER 2		DATE	MONTH		80 M
	ESSARY, PLEASE ERAL DIRECTOR. DR YOUR FILES. THIN 72 HOURS RESTON STREET		male	White	MON	TH DAY	YEAR 44	LAST BIRTH	MONT MONT				NOUNCED DEAD	0	-	2.201
	SARY, YOUR YOUR	7n. B	IRTHPLACE (ST	ATE OR		TIZEN OF WH			YRS.			9. B	ALTIMORE CITY	OR COUN	5 19 TY OF DEAT	OU! W
	NA STATE	FC	Maryla	and		U.	S.A.		WIDOV	VED 🗖	EVER MARRIE DIVORCE	D	Baltimo	re Ci	ty,	MD.
	AY IS THE STILED	Ва	ity or town o	City	(1F	ame of hos not in such fai Univer	sity	Hospi	tal	ER INSTIT	UTION		OCCUPATION (T OF WORKING LIFE) Chinis		OR IND	ppersCo
21201	REANY DEL	13e. S	AL RESIDENCE (TATE Aryland	113b 4 Q	rrol	INSTITUTION, GP	VE RESIDENCE	BEFORE ADMIS	lle	13d INSIDE	CITY LIMITS?	136038	Emera	ld La	ine,2	1784
D. 2	H. 3.	_	ATHER'S NAME		MIDDL	F		LAST	100	15. MOTI	HER'S MAIDEN					
BALTIMORE, MD.	CGES 1.		Kenne	th	A.		Bı	irris	Sr.		Dorot		MIDDLE .		We	bb
NO.	FORM ON OF THE PAGE	16a. \	WAS DECEASED	EVER IN U.S.	ARMED FO	DRCES?	16b. SO	CIAL SECUR	ITY NO.	17. INFO	RMANT		ADDRES	SS		
VE.	B. GIVE PAR WITH FOR T. PAGES 1 DIVISION		no	(# 123, 0	TYL TYAN ON	o Area;	212	-42-3	3814	Sa	me as	Line	13			
an .	B. GIVE WITH WITH DIVISION		18. CAUSE OF	DEATH (Enter	anly ane	ouse per line	far (o), (b), and (c).)							APPROX	MATE INTERVAL
W. PRESTON ST.,	KECUTED WITHIN 24 HOU 3% IN PENCIL IN ITEM 18, 44 EXAMINER ALONG V BURBALTS PERMIT. AND MENTAL HYGIENE, NO, OR REMOVAL.		PARTIDE	ATH WAS CAU	SED BY:	SE (o) Mu	ltip.	le gur	shot	wound	ls		(rifle)			
O	A ALC		7650	2	(DUE TO, OR										
e e	ENCIL IN AMINER A AMINER A TRANSIT ENTAL HY REMOVAL			s, if any, whi e to immedia		(b)						VIII-				
*	ENT			stoting the und		DUE TO, OR	AS A CON	SEQUENCE	E OF	(E.3)			March 1	PIE ILES		
301	IN BINITE OR		lying caus	e lust.		(c)							MILE			
DIVISION OF VITAL RECORDS,	SE EDING EDING S A TH	NO	PART 2 OTNER SIG	NIFICANT CONDITIE	ONS CONTRIB	JTING TO DEATH	DUT NOT RELA	ATED TO THE TE	RMINAL DISEAS	E DR CONDITI	IDN GIVEN IN PAR	T 1-(a),				
A P	PEN	MEDICAL CERTIFICATION	19a. DATE OF	OPERATION		19b. CONDIT	ION FOR	WHICH OP	ERATION W	AS PERFO	RMED?				20. AUTO	PSY?
IAI	THIS CERTFICATE SHOU WRITING THE WORD " WARDED TO THE CHE AGE 3 SHOULD BE US! TATE DEPARTMENT OF 1201 PRIOR TO BURIAL, C	I H													YES	₩ NO □
) ¥	WENT BURNE	CER	21a EXTERNA			21b. TIME OF		DAY VE	21c. H	OW INJUR	RY OCCURRED) (ENTERNATUR	RE OF INJURY IN ITEM	18 PART 1 OR PA	ART 2)	^
NO	SHOOTE T	14	UNDERLYING CONTRIBUTIN	IG CAUSE C	OF DEATH	12.15M	3	4 198	80	sub.	iect sh	not				
/1510	ERT ING SHOP	EDIC	21d. INJURY O	CCURRED		21e PLACE C	OF INJURY	(AT HOME,	211. LC	CATION			Y OR TOWN	-	PUNTY	STATE
á	WRITI WRITI ARDI GE :	2	WHILE AT WORK	NOT WHILE AT WORK	X		me	:IC.)			erald I		Sykesvil		Carrol	
	1112			SHOT I took ch				S 1.11			Inspection					, , , , , , , , , , , , , , , , , , , ,
	A A A B E G		death regite			- breed	a Lorda	held og	7 Autor	-	nicide XX		nquiry ,	ond in my o	pinion	
	EXAMII CERTIFI JLD BE DIRECT WITH I	1	death regume	o trom ///	itural covi	- 40	77	X	vicide			Undetermi	ned manner	J.		
	EXA CERI DULD DIRE H, WIT		ACTUAL	Mu	Tura	16)	Tu	RH			(SPECIFY) aty Chi	eficaco	E14 4 4 4 10 10 D	DATE	3/6	0/80
	SHOW SHOW RE, M		SICHELDIE	1		0	7	A			20,7 0111	MEDICAL	EXAMINER	SIGN	ED	700
	MEDICAL E ECUTE THE G SE 4 SHOU FUNERAL I ER DEATH, ILMORE, M.		EXAMINER'S	IT\	Thoma	s D. S	mith	, M.D.	1 15	ADDRESS	111 Pe	enn St	. Bal	to., 1	MD.	a build
	PAGE TO	23a. B	URIAL, CREMAT	ION,REMOVA	1 23b DA	/10/8	O 23c	nam of c	emetery C	R CREMA	on.Pk.	23d. LOCAT	orsey	COU	NTY	Mary.
	DHMH - 17		UNERAL DIREC								25a. DATE R	EC'D. BY REC	SISTRAR 256	SUPPLY /	KELVE	4
	(VR A15 ME (5)) 15M 7/76	T	ouda-Ri	ick In	C.	7922	Wise	e Ave	. 2	1222	MAR	1 1 19	180	/		
		1														

			EAST SE		
					his friend
	HARLEST AND AND				
18512.0-02	hierer 16	a filtyh	at y	I to diver	Trent Comp. (
		.y. alw	md.		Hitagra's
	The second				
		en Limite			Taturit.

	12/	_ FOR		D	STA EPARTMENT OF	TE OF MARYLA		NE.	, , ,	, ,	
		- STATE REGISTRAR			ICAL EXAMIN			بالماء	G NO.	11	
		1. DECEASED NA			MIDDLE	LAST		20. DATE KNOW	/N 🔛 MONTH	DAY YEAR	2b HOUR
	# 82 8 E	(TYPE OR PRINT)	Jose	nh K	enneth	Ludwis	7	OF ESTI-		2019 80	
- 4	SEE PILE	3. SEX	4. RACE	5. DATE OF BIRTH	6 AGE (IN YE	ARS IF UNDER 1 YR	IF UNDER 24 HRS.	2c. DATE	MONTH	DAY YEAR	24 HOUR 8:11
1	DIRECTOR STATE	Male	White	06 21	YEAR LAST BIRTHD		HOURS MIN	PRONOUNCED DEAD	3	20 19 80	8:17
	SSSA	Ja BIRTHPLACE	(STATE OR	76. CITIZEN OF WHA		1	IEVER MARRIED	9. BALTIMORE C	ITY OR COUNT		
	WITH SERVICES	FOREIGN COUNT		U.S.	Α.	WIDOWED -	DIVORCED	Baltin	more Cit	у,	MD
	AY IS NO THE FUED, AGE 5 301 W.	Mary La	N OF DEATH	III. NAME OF HOSP	ITAL, NURSING HOM	OR OTHER INSTIT	UTION 120. US	MOST OF WORKING LIFE	TYPE OF WORK	OR INDUST	JSINESS RY
			imore	St. Agr	es Hospita	al		aramedic		Fire De	
-	RETAIN PEL	USUAL RESIDEN 13a. STATE	CE (IF IN COUN	OR OTHER INSTITUTION, GIVE	RESIDENCE BEFORE ADMISS	INSIDE	CITY LIMITS? 130. STI	REET ADDRESS	No let		
2120	SHOULD RECORD	Maryla			Elkridge			23 Digger	s Lane,	21227	
MD. 2	H. 1	14. FATHER'S NA		MIDDLE	LAST	E MIDDLE		LAST			
N. S	DEATH OF AND	Jose		Μ.	Ludwig				ushofer		
NO.	PAG S 1 S	160 WAS DECEA	SED EVER IN U.S. AR	MED FORCES? WAR OR DATES)	166. SOCIAL SECURIT				DRESS		
BALTIMORE,	URS AFTER DE S. GIVE PAGE WITH FORM PAGES 1 AI DIVISION OF	No			219-40-3	063 Mar	ilyn R. L	udwig, 58	23 Digg	ers Lan	e
	0 = - = \	18 CAUS	DEATHLIST CALID	ly ane cause per line f						APPROXIMAT BETWEEN ONS	E INTERVAL ET AND DE ATH
S	HIN 24 HO IN ITEM A ALONG SIT PERMI HYGIENE	1,1=	IMMEDIA	TE CAUSE (a) Car							
STO	IN II IN II	700	tions, if any, which		S A CONSEQUENCE	OF				14.763	
PR	ENCIL IN AMINER . TRANSIT ENTAL HY	gove	rise to immediate (a) stating the under-	(b)	S A CONTESTION OF	0-					
301 W. PRESTON ST.,	EXAMI EXAMI RIAL-TR OR REA		cause last.	DUE TO, OR A	S A CONSEQUENCE	OF					
5, 30	RECUTED V	PART 2 OTHS	D CIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BU	IT NOT BELATED TO THE TERM	AINAL DISCASS OR CONDIT	ION CIVEN IN BART 1 (-)				-
ORD	E EX DINC EDIC S A TH A		a storik tear continue	CONTRIBUTION TO OCKITI BE	TO RECATE OF THE TERM	WHAT DISEASE OF COUOSE	TON ONEN IN FART TO				
DIVISION OF VITAL RECORDS,	TIFICATE SHOULD BE EXECUTE WORD "PENDING" IN THE WORD "PENDING" IN THE CHIEF MEDICAL E HOULD BE USED AS A BURK ARTMENT OF HEALTH AND R TO BURKAL, CREMATION, CALLED TO THE CHIEF AND STO BURKAL, CREMATION, CALLED TO THE CHIEF AND STORY TO SURFACE AND THE CHIEF AND THE	TI9a. DATE	OF OPERATION	19b. CONDITI	ON FOR WHICH OPER	RATION WAS PERFO	ORMED?			20. AUTOPSY	?
TAL	NO USE	IFIC								YES 🔯	NO 🗆
N Y	WORNER OF BE ENT	21a EXTER	NAL CAUSE WAS	21h TIME OF	NJURY MONTH DAY YEA		RY OCCURRED LENTER	NATURE OF INJURY IN	TEM 18 PART 1 OR PAR	RT 2)	
NO	THE WILL THE WATER		ING OR JTING CAUSE OF		MUNITH DAT TEA						
VISIO	CERTH TING DED T DEPA DEPA PRIOR	IM .	Y OCCURRED		FINJURY SATHOME	21f. LOCATION		CITY OR TOWN	COL	INTY	STATE
D	WRIT WRIT WARD WAGE TATE [AT WORK	O NOT WHILE		101100000000				LI FLAID		
	E. S.	27a te	ertify that I took wan	ge of the refract descri	nood opove, pelit on	Propsy X.	Inspection .	Inquiry .	and in my ap	inion	
	EXAMINE CERTIFICATION DIRECTOR WITH THE ARYLAND	death re	sulted from Natu	M colon X	African D. S.	171	micide . Unde	etermined manner			
	EXAA CERTI JID B DIRE WITH ARYL				VIZ	TITLE	(SPECIFY)				
	J#OJ±X	ACTUAL	RE	Moral	1 / MA	M.D. De	puty Chief	DICAL EXAMINER	DATE	03/2	20/80
	MEDICAL UTE THE UNERAL R DEATH, IMORE, M	EXAMINE	R'S NAME TIL	nomas D. Sr	ni+h M D	_	111 Penn	C+ D	01+0 1	(D)	
	ZOWER !	(TYPE OR	Kiivi)			ADDRESS	>		alto., N		
	EXE EXE PAC TO AFT 8AL	(SPECIFY)	MATION, REMOVAL		The second second	METERY OR CREMA	CIT	OCATION Y OR TOWN	Uorrand		TATE
	BP	Buria		03-24-80	Meadown	idge Mem. 21229		1kridge	Howard	A	
	DHMH - 17 (VR A15 ME (5))	NAME		Home, Inc.	/107 U± 11			1980	Listrey!	halrender	
	15M 7/76	Hubbar	u runeral	nome, inc.	HIO/ WITI	Lens Ave.	lillerin 2,	1.1171			

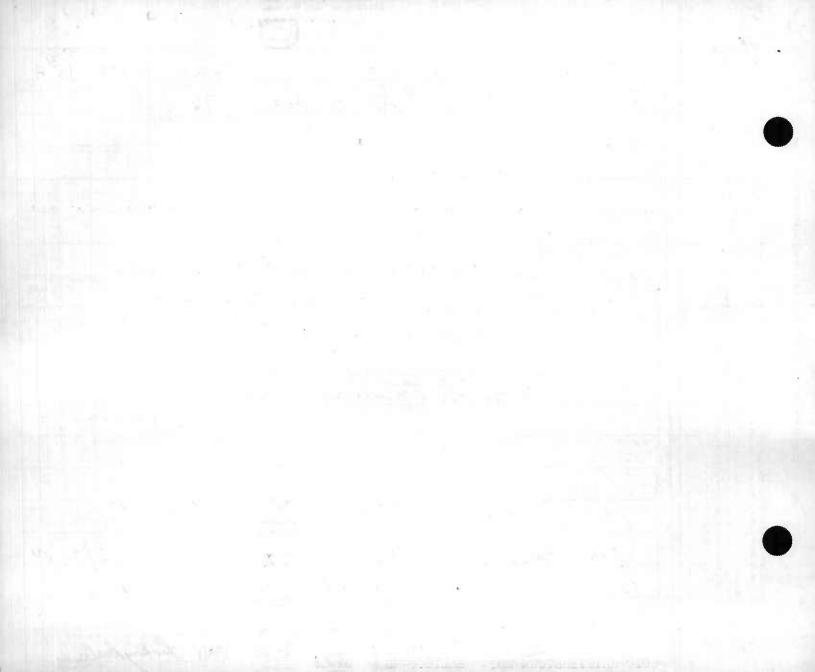
SEE ID CO read the think the . I may bund the least Market and the second of the s

	SAL S	, 1	- 2	Item 8, G541 3/	24/80 ba			E OF MARYLAND EALTH AND MENTAL HY	CIENE ()	0.6	8 7	8
10	SE V	1	1-	STATE REGISTRAR		DEF ART		ICATE OF DEATH	0	G. NO.		
				DE PRINT) JOHI		MICHAEL.	·	LUGER	2a. DATE OF DEAT	M MONTH	5 80	10:4QA
		M	1. SEX	MALE	4 RACE WHI	TE	JULY		6. AGE JIN YEARS LAS	58 YRS.	# UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN
0	death. P	31		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF W	HAT COUNTRY?	MARRIE WIDOWE		BALT I MO	Y OR COUNTY	OFDEATH	MD
	by the fu	33	10 Ci	SALTIMORE , MD .	11. NAME OF HO		ADDRESS)	OR OTHER INSTITUTION	TYPE OF WATCH	PATION	E) DETH	STEEL CO
ND 212	thin 24 ha	35	USUA 13e S	TATE MD. 136 COUR	OTHER INSTITUTION, G	THE RESIDENCE BEFOR ALCITY OR TOW BALT IMO	E ADMISSION)	13d. INSIDE CITY LIMITS?	136 STREET ADDRE	BELNORD	AVE. #	21224.
MARYLA	nted with hpletely nd 2 shou	00	14 FA	THER'S NAME FIRST MICHAEL A.	LÜĞER	LAST		15. MOTHER'S MAIDEN N.	AME	ŔRATH	LAS	
BALTIMORE, I	n anocol	1		VAS DECEASED EVER IN U.S. ARES, NO OR UNKNOWN)	E WAR OR DATES)	50 SOCIAL SECT		IRENE J. LUC	GER : B	Z4 N. BI	ELNORD 21224.M	AVE.
	physicial papers. Femoval.			18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE		ne far 101, (b), on	od ici	ARREST				MATE INTERVAL ONSET AND DEATH
TON ST	death ce tending carbon on, or re			1991	DUE TO, OR	AS A CONSEOU		RENAL F	ALLURE	,		
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST	by the at se remove se remate			Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR			ie cancer				
RDS, 20	w requires en signed Then pleas r to burial		NO	PART 2 OTHER SIGNIFICANT	CONDITIONS CON	TRIBUTING TO	DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR C	ONDITION GIV	EN IN PART 1	a ·
AL RECO	V: The lay te has be te has be permit. T iene prio		CERTIFICATION	198 DATE OF OPERATION			OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERTIF	S, WERE FIND IT	NGS USED S OF DEATH?
OF VIT	HYSICIAN: physician. is certificat ial-transit p lental Hygic	9		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEALER OF DE	ATH HOUR A.M	. MONTH D	AY YEAR	21c HOW INJURY OCCUI	RRED (ENTER NATURE OF	INJURY IN ITEM 18, F	ART I OR PART 2)	
NOISIA	NDING PH attending p R: After this as the buris alth and Me		MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21a PLACE OF	F INJURY T, FACTORY, OFFICE,	FARM, ETC.)	211 LOCATION STREET	CITY O	TOWN	COUNTY	STATE
ā	CTOR			22a. I certify that (I (this hospi saw the deceased alive an above, (I) (we) (did) (did no	/ BA DELC /	deceased fram_	80	d that in (my) (aur) apiniar	death occurred an ti	CCH 5	19 XO,	that ((we) last
0	hose Ched Dept			27b. SIGNATURE	Title Co	Voal	IMA	DEGREE ATTENDING	MEDICAL DIRECTOR PH	STAFF	22c. DATE	SIGNED
i d	TO HOSPITAL retained by the TO FUNERAL should be detac with the State			224 PHYSICIAN'S NAME (TYPE O	VEGEL	MAN)	270 ADDRESS 4940 EACT	MN ANG	. RA	7 71)	24
	To To Shout	1	23a B	URIAL, CREMATION, REMOVAL	23b. DATE			EMETERY OR CREMATORY	23d. LOCATION CITY OF TOWN	AV DATE	COUNTY	STATE
1607	BP		74.51	BURIAL INERAL DIRECTOR	3-8-8			OF FAITH	NE REC'DE AY REGIST			
	DHMH-16 28 (VRA 15, 4) 1		la	NAMES II .	4 Son Done	6224s E		AVE. PLAKE	TE RES DISSESSISTI	Markey	/Kenne	dy

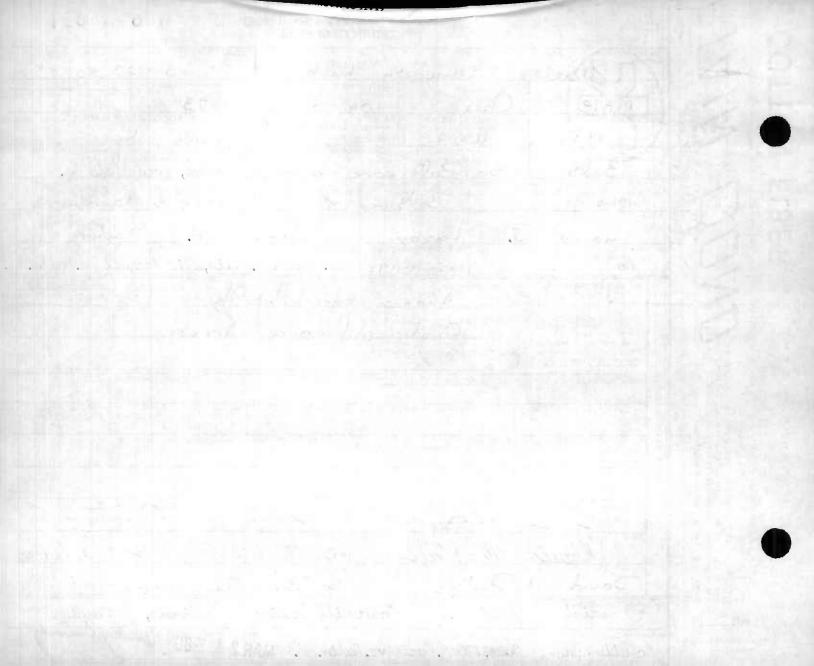
electric L 12... 7, 1.21 and the dispersion of the state of the se ALTERNAS X 126 F. Millong We. P 21226. LAURA A. VORBATH 1500 4 1/ 4/1/20 25 later a market YES 0.0.11 219-03-3916 103.6 1. LUGER: 1.10., 2127 .HJ. 12 4 5 A M. 14 C ACUTE VENTO FAILURE EXTEND OF THE ENGLISH ALCOHOLD TO LODGEL With SHOPER PART BALLD SUREY AUGUST 19-8-80 SARDIA OF FAIR BESEED AVAILABLE OF STUR 6224 July 145. J. L. L. C. 1226, D.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE OF DEATH DAY YEAR 26 HOUR I. DECEASED NAME (TYPE OR PRINT) AGE (IN YEARS LAST BIRTHDAY) 3 SEX RACE YEAR DAYS HOURS 64 White Male BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE ISTATE OF FOREIGN THE CITIZEN OF WHAT COUNTRY MARRIED WNEVER MARRIED COUNTRY Baltimore City DIVORCED Maruland 126 KIND OF BUSINESS OR CITY OF TOWN OF DEATH Broker. (TYPE OF WORK FOR MOST OF WORKING LIFE) Hospital USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130 STREET ADDRESS 2207 Edmondson Ave. 13d INSIDE CITY LIMITS? Baltimore Catonsville 15. MOTHER'S MAIDEN NAME 4 FATHER'S NAME LAST FIRST Unknown Inknown 16h SOCIAL SECURITY NO 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) Gloria J. Luke 2207 Edmondson Ave. No 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I, DEATH WAS CAUSED BY RTERIOSC Conditions, if any, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIGHT 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? and Mental Hygi ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21 HOW INJURY OCCUPRED 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF FITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED TIE. PLACE OF INJURY ò CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE YOME 220.1 certify that (1) this hospital) attended the deceased from sow the deceased glive on 300 obove(1) well did it did not view the body after death. and that w (my) our) opinion death occurred on the date and hour and from the causes stated DEGREE 22c, DATE SIGNED TO FUNERAL DIF should be detach with the State De ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 22e ADDRESS 22d PHYSICIAN'S NAME (TYPE OR PRINT) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, REMOVAL STATE Dorsey, Mary LAND Mendowridge (emetery 750 DATE REC'D. BY REGISTRAR 256. REA 24 FUNERAL DIRECTOR DHMH - 16 50M 1/76 Ambrose, Inc. 1328 Sulphur Spring Rd. (VR A 15 (4))

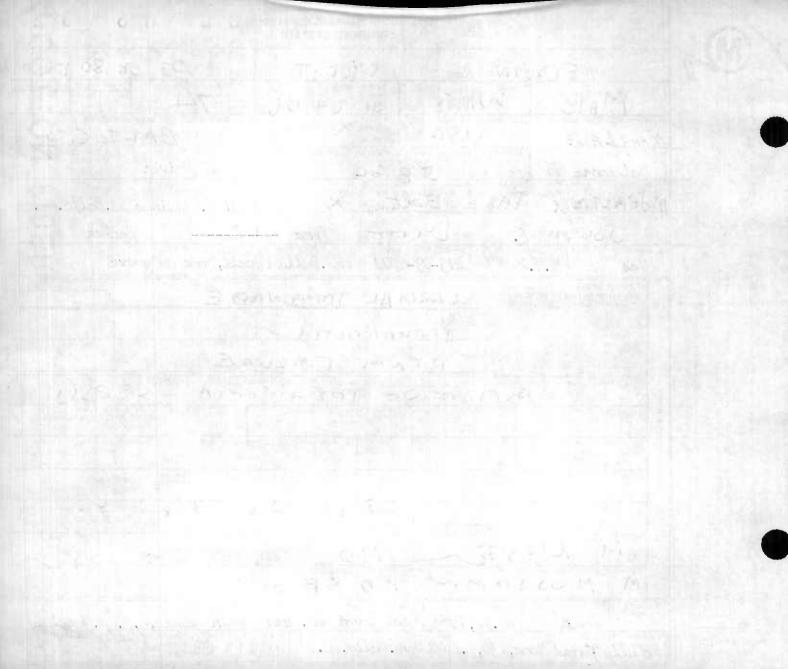
To the least and the last i on ica ex n on some $-\sqrt{z}$ π . In or \dot{z} c: on to dion consid AND STREET AND LONG AND SELECTION OF THE PARTY OF THE PAR Later of the second of the second STRUCT - MUNICIPAL ST. IN LAND - MELLEN TON πi 120=100



	-		REGISTRAR		CERTIFICATE OF DEATH	REG. NO	0.
	2000		CEASED NAME FIRST	MIDDLE	LAST		MONTH DAY YEAR 26. HOUR
pe	21	,,,,,	WESLE	/ Ellswor	th husby	3	3 23 80 510 PM
a o	0.0	3. SI		4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRT	HDAY) IF UNDER I YEAR IF UNDER 24 HRS
ge 4			male	Con	MONTH DAY YEAR	73	MONTHS DAYS HOURS MIN
a °	IMAI)		IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8	9 BALTIMORE CITY O	R COUNTY OF DEATH
eoth.	STATE OF		COUNTRY) M	USA	MARRIED NEVER MARRIED WIDOWED DIVORCED	Dos.	O.Q. MI
er d	11 17	10. (ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI	NG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	ON 126. KIND OF BUSINESS OR
o s off	4 p	5	13ala	(IF NOT IN SUCH FACILITY, GIVE STREET	ADDRESS)	Worker.	FWORKING LIFE) INDUSTRY
212 hour	be be	USU 13n	STATE 136 COUN	OTHER INSTITUTION, GIVE RESIDENCE BEFOR	E ADMISSION) /N 13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	
24 24	Fille orld		md	1300	TIMON YES NO [1225	S. Hanover SI
RYL/	2 sh	14 F	ATHER'S NAME	NDDLE LAST	15 MOTHER'S MAIDEN NA	ME	C A LAST
MAI ed v	and and		Harry	S. Lusb.	2 mm	AA	Taylor
RE,	licot	16a	WAS DECEASED EVER IN U.S. ARA	MED FORCES? 16b SOCIAL SEC	IRITY NO. 17 INFORMANT	ADDRE	
IMC oe eo	Poge medi		YES, NO OR UNKNOWN) (IF YES, GIVE	165-14-	1191 Mrs. Beulah A	1. Ellis, 2712	Yarnall Rd. Balto. M
BALTIMORE, MARYLAND 2 cote be executed within 24 ho	ysicio apers vol.			y one couse per line for (a), (b), or	d (c))	00	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
1 =	an popular pop		PART I. DEATH WAS CAUSED IMMEDIATE	E CAUSE (b)	ic Encephalor	ally	
N o f	or r		4375	DUE TO, OR AS A CONSEQU	ENCE OF	, 0	
ESTOI death	ove tion aum		Conditions, if ony, which	(16) Cards	a pulmonary	Arrest	
. PR	rem remo		gove rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQU	ENCE OF		
v to	d by eose ol, c		underlying couse lost	(c)			
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST ING PHYSICIAN: The law requires that the death certi	en pl	z	PART 2. OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN PART 1(0)
ORD	t. Th	CERTIFICATION		Time control control	000000000000000000000000000000000000000	Tan autonous	Tool Is VEC WERE SHIP HAD A
REC.	os be per m se pr	FICA	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY?	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
TAL The	Shov	ERI	21g. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c. HOW INJURY OCCUR	YES NO	YES NO
IAN.	certificate priol-transi tentol Hygi Item 18 sh		OR CONTRIBUTING CAUSE OF DEAT	110110 4 44 44011711 0	AY YEAR	RED (ENTER NATURE OF INJUR	TIN HEM 16, PART L'ORPART 2
YSIC	burio Ment or Iter	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED	P.M. 21e. PLACE OF INJURY	21f LOCATION		
PH S	the bond /	ME	WHILE IN NOT WHILE IN	(AT HOME, STREET, FACTORY, OFFICE,		CITY OR TOW	VN COUNTY STATE
NO S	Afte ofth mork	1	AT WORK AT WORK	ol) ottended the deceased from _	2/15 19 50	2to	/23 , 19 80 , that (I) (we) los
TEN I	OR Or us 1 is	l .	sow the deceased alive on	3/23 19	50 , and that in (my) (got) opinion	. 10	, 17 mor (1) (x-c) 103
A AT Hosp	RECT ned to spt. o		obove, (I) (we) (did) (did not 22b. SIGNATURE	view the body ofter death.	DEGREE		22c. DATE SIGNED
	1 2 2 2	L	h/muil	m 11.1.	MO ATTENDING PHYSICIAN I	MEDICAL STAF	F _ / . /
PITA	State Any: It	1	22d PHYSICIAN'S NAME (TYPE OR	PRINT)	22e ADDRESS	_ DIRECTOR [_] PHYSIC	1AN LP 3/23/80
O HOS etained	to FUNERAL should be del with the State MPORTANT:		David M	Phelos	50. Bala	Gren. H	950
4 1 2 8	shoul with	23a.	BURIAL, CREMATION, REMOVAL	1236 DATE. 123c	NAME OF CEMETERY OR CREMATORY		
30/ BP_			(SPECIFY) Burial	March 26, 1900	Cedar Hill Cemeter	23d LOCATION Waltumo	re, couplaryland
	5 50M 1/76	24 F	UNERAL DIRECTOR		25a. DAT	E REC'D. BY REGISTRAF	250 ROPE STURMENT SPECIAL CONTRACTOR
	15 (4))	1	no ully Funeral	Home, 130 E. Fort	Ave. Balto. Md. MI	JR 2 4 1980	1 X
		-	1 1		\$110		707.7



					STAIL OF	MAKILAND					4 174
(AR	1	FOR STATE REGISTRAR		DEPART		TH AND MENTAL HY	GIENE U	REG. NO.) 6	8 8	3 2
IAI)		CEASED NAME FIRST	r MI	DDLE	LAST		20 DATE OF D		TH DAY		2b HOUR
3	(TYPI	EON	JIN R	au.	Lyo	ETT		03	08	80	12:35 PM
	3 SE	X 10.4	4 RACE	1	5. DATE OF BI	IRTH YEAR	6 AGE (IN YEAR	S LAST BIRTHDAY) IF UN		IF UNDER 24 HRS
		MALE	MU	178	01	2406		74	YRS		HOURS MIN.
5/		IRTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF W	HAT COUNTRY?	MARRIED D	NEVER MARRIED	9 BALTIMOR	-			
500	M	ARY LANG	U	218	WIDOWED	DIVORCED [- 11		0. (1	74 MD
2/2	10. C	ITY OF TOWN OF DEATH		PACILITY, GIVE STREET		THER INSTITUTION	12a. USUAL OC (TYPE OF WORK)	CUPATION OR MOST OF WOI	RKING LIFE)	26. KIND OF NDUSTRY	BUS NESS OR
6/2	11511	Baltimore AL RESIDENCE (IF NURSING HOME O	O OTHER INSTITUTION O	S S	9 6th		Truck	Drive	n		
35	130. M	BALTIMORE	3 MAL	3c CITY OR TOY		INSIDE CITY LIMITS?	13e STREET AL	ODRESS Gittin	wa St	Balte	o.Md.
nine	14. F	ATHER'S NAME	WIDDLE	(LAST	15.	MOTHER'S MAIDEN NA	AME	MIDDLE	0		
300		JOSEPH	E.	Lac	AT	Emma -	<u> </u>	-	Bec	ken	
aedicol	160	WAS DECEASED EVER IN U.S. AF	RMED FORCES?	215-03-	JRITY NO. 17	Mrs. Della L	ycett, So	ane as	above		
the r		18 CAUSE OF DEATH (Enter o		ne for (a), (b), ar					1		NATE INTERVAL
vent	-	PART I. DEATH WAS CAUSI	EĎ BY: .TE CAUSE (a)	CARC		Trampon	NOE	- 488		4/7	
or re		586-		AS A CONSEQU	ENCE OF	61		15 16		1175-	1000
fion,		Conditions, if ony, which	(b)		CARD	1773	- 177 - 1			1-1	
other tr		gove rise to immediate couse (0), stating the underlying cause last	DUE TO, OR	AS A CONSEQU	ENCE OF	FAILU	RE				
y, or		PART 2 OTHER SIGNIFICANT	CONDITIONS CO		DEATH BUT NO	T RELATED TO THE TER	MINAL DISEASE	OR CONDITIO	ON GIVEN II	N PART 1(a	
10 ci	ON N		PS PIN	TUL!	d b	HEUM	orin	T —	52	PSL	5
s ony	CERTIFICATION	190 DATE OF OPERATION	196 CONDIT	ION FOR WHICH	OPERATION W	AS PERFORMED	200 AUTOP	SY? 201	b. IF YES, WE	G CAUSES (GS USED OF DEATH?
shows 7	RTF							NO	YES []	NO 🗌
	4	21a. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING] CAUSE OF DE	21b. TIME OF HOUR A.M	INJURY . MONTH D	AY YEAR	t. HOW INJURY OCCUP	RRED (ENTER NATU	RE OF INJURY IN I	ITEM 18, PART 1	OR PART 2)	
or Hem 18	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER) P. <i>N</i>		19	f. LOCATION					
rked or	MED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e. PLACE O (AT HOME, STRE	F INJURY ET, FACTORY, OFFICE,	FARM, ETC.)	STREET		CITY OR TOWN	C	COUNTY	STATE
E S		22a I certify that (I) (this hosp			31	190	So to	3/6	. 19_		hot (I) (we) lost
of h		saw the deceosed olive or abave, (I) (we) (did) (did no	ot) view the body o	fter deoth.		hat (my) (aur) opinion	deoth occurred	on the date a	ind hour one		
Dept If Hen		22b. SIGNATURE	0.00		DEG	ATTENDING	MEDICAL	STAFF		22c. DATE S	IGNED
		11 100	2715	_	195	PHYSICIAN	DIRECTOR		K	5/8	15
should be de with the Stote IMPORTANT:		22d PHYSICIAN'S NAME (TYPE	THAP	~	H.0	SB G	14.			1	, -
€ ₹ ₹	23a	BURIAL, CREMATION, REMOVAI				ETERY OR CREMATORY	23d. LOCAT	ION	con	NIY	STATE
		Bural	Mar. 12,	1980 GA	len Have	n Mem. Park	Glen 1	Burnie		o. Mary	yland
OM 1/76	24 F	UNERAL DIRECTOR O'MANGE HOLE O'MANGE HOLE			in Balta	25a. DA	TE REC'D. BY REG	GISTRAR 256.	粉料	in property	auray
))	1 /11	a ullu Funeral AC	me, 130,(of UICC TIV	E. Duru	0/ LC0	CITIM	UU	4 1		- M

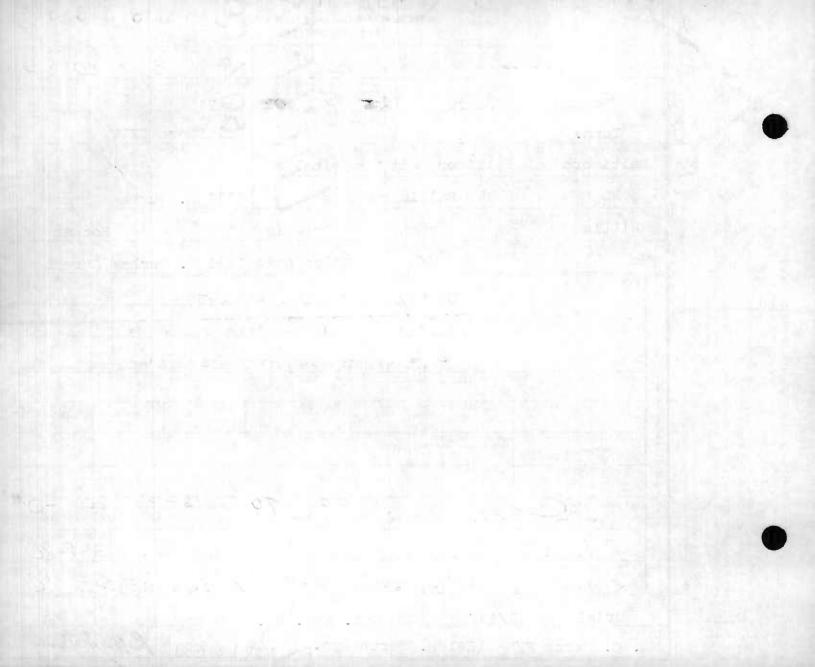


STATE

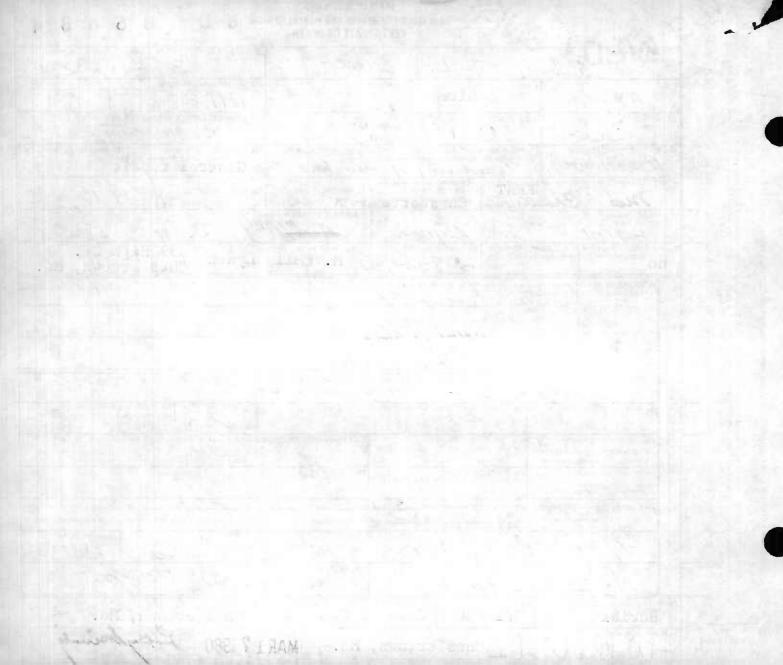
C. March F/H

(VRA 15 (4))

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE



STATE OF MARYLAND



			FOR			DEB		OF MARYLAND	IENE Ö	19		0 1
		1.	STATE REGISTRAR			DEF		EALTH AND MENTAL HYG ICATE OF DEATH	REG. N		5 3	8 5
20			CEASED NAME	FIRST	-	MIDDLE		AST	26 DATE OF DEATH	MONTH DAY		26 HOUR
5	2	2.55	[5	mei	RACE	W	I CONTRA	-ynch	1.465	3 17	WINDER I YEAR	# . F d f
U		3 SE	emale		Cauc	2.	S DATE C	20 14	6. AGE (IN YEARS LAST BIRT		THS DAYS	HOURS MIN
neral di 72 hou	X7	70/BI	RTHPLACE (STATE OR FO	REIGN	CITIZEN OF	WHAT COUNT	MARRIE WIDOWE	NEVER MARRIED	BALTIMORE CITY O	R COUNTY OF	FDEATH	M
by the tu	228	10 C	Baltime	- 1		HOSPITAL, NU	RSING HOME C	GREENE STITUTION	128 USUAL OCCUPATI		12h, KIND O INDUSTRY	OF BUSINESS OF
fitled in build be file	iner mus	USU:	AL RESIDENCE (IF NURS		1	ISL CITY OR	BEFORE ADMISSION)	13d. INSIDE CITY LIMITS? YES \(\begin{array}{ccc} NO \(\mathbb{R} \end{array} \)	13. STREET ADDRESS Old Philad	elphia	Pike	
shoul	хал	14. FA	THER'S NAME				SP COMIT	15. MOTHER'S MAIDEN NA	ME	- I PHILE		
nplet nd 2	\$70		Ollie Bu	rton	DLE	LAST		First Effie	Pearce		LAS	iT.
an and completely Pages 1 and 2 shor	med		VAS DECEASED EVER			166 SOCIALS	SECURITY NO	17 INFORMANT	ADDRE	55		
Page	t, the		No	THE TES, GIVE WA	AR OR DATES)	215 -5	6-6378	Howard Lynch	, Old Phila	. Read	Chast	n. Md.
physicia papers. emoval.	event		18 CAUSE OF DEAT	1 (Enter only	one couse per	line for (a), (b	i, and icii				APPROXI METWEEN	MATE INTERVAL ONSET AND DEATH
g ph n pa	natic		PART). DEATH W	IMMEDIATE		SEPT	IC SHO	ICK			3 (1A45
arbon n, or re	raum		0362		DUE TO, O	R AS A CONS	EQUENCE OF		210.			
e atte	other t		Canditions, if any, gove rise to imm	which	(b)	MENTA	GOCOCO	EMIA			36	MYS
d by the ase rem	y, or ot		cause (a), statin underlying cause	g the	DUE TO, OI	R AS A CONS	EOUENCE OF	E IN The	intra or			
en signe Then ple r to bur	ny injur	N N	PART 2 OTHER SIGN	IFICANT CO	NDITIONS CO	ONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	IN PART I	21
nit. T	e sw	CERTIFICATION	190 DATE OF OPERAT	ION	196 CONDI	ITION FOR WE	HICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, W		
ne ha	8 sho	E				-			YES NO	YES [NO DE
hysician. certifical l-transit p	me 2		21a. ACCIDENT WAS UND OR CONTRIBUTING C (IF EITHER, NOTIFY MEDICA	AUSE OF DEATH	216. TIME O HOUR A.	M. MONTH	DAY YEAR	2)c HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART	1 OR PART 2)	
this Duria	o pa	MEDICAL	21d INJURY OCCUR	ED	21e PLACE	OF INJURY		21f LOCATION	CITY OR TOV		COUNTY	ALL CAN
After the h	marked	2	WHILE NOT WE	RK -	(AT HOME, STR	REET, FACTORY, OF	FICE, FARM, ETC.)	SINCE	CHTOKIO		COUNTY	STATE
or at OR: se as lealt	in the second		220.1 certify that	(this haspital		e deceased fr	om	15 19 80		, 19.	30	that (i) (we) la
ECT for u	E 2	n	saw the decease above, (1) (we) (d	d alive onid) (did not) s	iew the body	after death.	19_ <u>%0</u> , or	id that in (my) (our) opinian	death occurred on the do	ite and haur ar	nd from the	causes stated
D1R Dept	=		226. SIGNATURE	1 :	0 1	11	100	DEGREE ATTENDING	MEDICAL STAT		22c. DATE	SIGNED
by the ERAL detacts	E .		JU.	uhue	(%).	Can	112 12	PHYSICIAN (DIRECTOR PHYSIC		3-1	7-80
ro FUNE	MPORTANT		224 PHYSICIAN'S NA	IACE (TYPE OR PR	C C	ORR		22. ADDRESS 22. J. GRE	ENEST. GAS	TMARE	Mo	
TO F shoul	Ž -		SURIAL, CREMATION,	REMOVAL	23b. DATE	1	23c NAME OF C	EMETERY OR CREMATORY	1234 LOCATION	27 1400,	- 1	
BP		(Burial	1117	# 3-2	21-80	Ebene	zer Cemetery	Ebenezer	Ceci	1	Md. STATE
DHMH-16:	25M	24. FI	INERAL DIRECTOR	0	_//	ADDRES	5 / 1 -	25e. DAT	E REC'D. BY REGISTRAR	256. REGISTRA	R'S SIONAT	URE .
(VRA 15, 4)		V.	aul ll	you.	de	- No	All Easi	nel son	0 / 1080	perfor	The	

3, 77, 98			SELLE	
			a in the Stan	
ola l'hile celpair li e	X	Ch:rlestown	Lecil	الط.
recree	ei. T		3urton	Ollie
Old Paile. Fo C Ch s	or re Lymen,	21556-63,8 3,6		0,
		55872 SINC		
2	14279	westerles concer		
				-
				-
	Old Philodelphia i.e. Peorce Old Philode C Ch s	x Old Philadelphis Pile Plaie Fedree on rd Lynch, Old Phile. F• d Ch s	Cherlestown x Old Philodelphic Pile Pile 2016 215 25-63 30 30 30 30 30 215 25-63 30 30 30 30 30 30 30 30 30 30 30 30 30	Vecil Chirlestown x Old Philadelphia Pile Burton 21556-6378 for rd Lynch, Old Phile, Rold Chis

Juri 1 3-21-80 | Joenever Cemetery | Denever Cecil

AR 5 GREENEST, BARONCE, Mr.

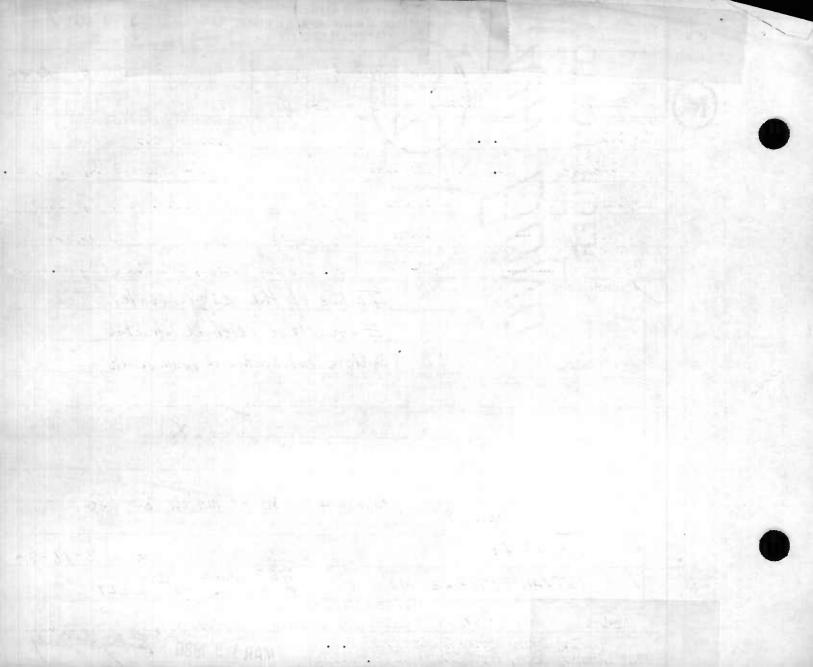
. . . .

2-17-91

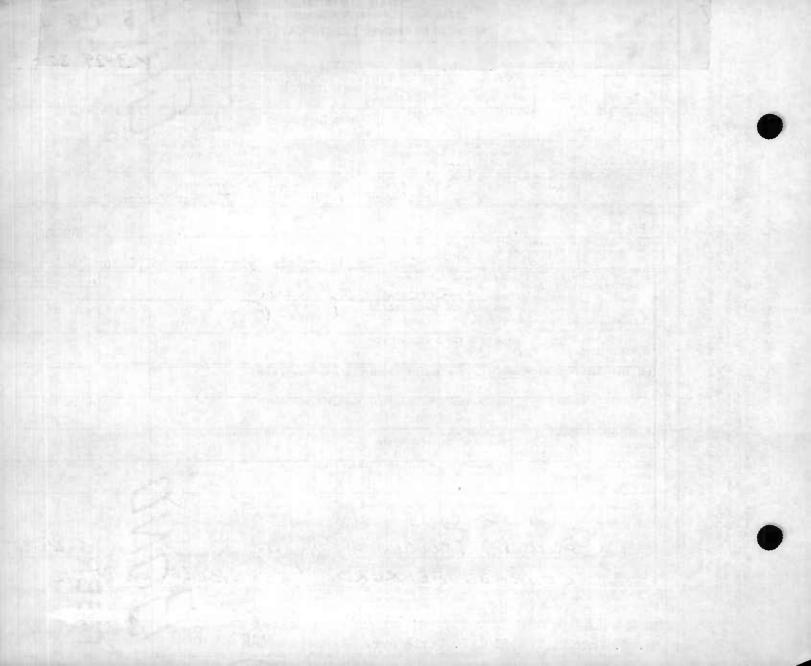
	1.	STATE REGISTRAR		DEFAR	CERTIF	CATE OF DEATH	REG. N	o. U O	0 (3 6
		CEASED NAME FIRST OR PRINT)		MIDDLE	U	LYNN	20 DATE OF DEATH	MONTH DAT	YEAR	Zh HOUR
71 £	(,,,,,	Vio:	la BL	ANCHE	64	NN	3/16/80			725pmm
(2)	3 SE	x	4 RACE		5 DATE O		& AGE (IN YEARS LAST BIR		UNDER I YEAR	IF UNDER 24 HRS HOURS MIN
(Pag)		Female	Wh	ite	Sep	t.29, 1898	81	YRS.		HOURS MIN
V		RTHPLACE (STATE OR FOREIGN DUNTRY)	76 CITIZEN OF	WHAT COUNTR	Y? 8	NEVER MARRIED	9 BALTIMORE CITY			
警 300		EXAS	U.S	.A.	WIDOWE		Baltimo	re Ci	ty	MD.
1970		altimore		HOSPITAL, NURS		CAL CENTER	170 USUAL OCCUPAT (TYPE OF WORK FOR MOST OF HOUSEWIF	OF WORKING LIFE)	INDUSTRY	Home
should be fill examiner mu	13a	al residence (if nursing home state like co aryland C:	OR OTHER INSTITUTION UNITY TO 11	GIVE RESIDENCE BER	ORE ADMISSION) OWN Sburg	YES NO T	13R STREET ADDRESS 2204 St	ın Set	Driv	e
	14. F.	ATHER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDEN NAM	AE MIDDLE		LAS	ī
medical O		Nathan	М.	John	nson	Ruth	М.		We	st
		VAS DECEASED EVER IN U.S.	ARMED FORCES?	166 SOCIAL SE	CURITY NO.	17 INFORMANT	ADDR	ESS Mil	lersv	ille,
Pages	, '	NO OR UNKNOWN) (IF YES, C	V/A	266-4	4-1636	Mr. Delmar	V. Lynn	(son)	M	d.
carbon papers. F on, or removal. traumatic event		18 CAUSE OF DEATH (Enter	anly ane cause pe	r line far (a), (b),	and ici.i				BETWEEN	MATE INTERVAL DINSET AND DEATH
emo emo		PART I. DEATH WAS CAU	SED BY: ATE CAUSE (a)	Sensis		CONTRACTOR OF			24	lus
or r		7172		R AS A CONSEC	LIENCE OF					14.7
		Canditions, if any, which	((b)	Sacral	Deart	tus			12h	eceles
se remove I, cremation, or other		gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, C	RAS A CONSEC	OUENCE OF	wie Brown	Condone		3 "	routh
signed en pleas to buria r injury	7	PART 2 OTHER SIGNIFICAN	T CONDITIONS C		10 0	NOT RELATED TO THE TERM	INAL DISEASE OR CON	IDITION GIVEN	IN PART 10	31
The or to	Š	Univers Inlea		ASHURA	1 Calu	li Urenn		T		
shows	CERTIFICATION	196 DATE OF OPERATION	196 COND	ITION FOR WHI	CH OPERATIO	N WAS PERFORMED	YES NO		WERE FINDIN NG CAUSES	
ertificate ha transit pern tal Hygiene tem 18 sho	E E	71a. ACCIDENT WAS UNDERLYING			- 40.10	214 HOW INJURY OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM 18, PAR	T I OR PART 2)	
0 1 2		OR CONTRIBUTING CAUSE OF	ZEAIII	M. MONTH	DAY YEAR					
After this the burial thand Mer marked or	MEDICAL	214 INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE	OF INJURY REET, FACTORY, OFFICE		211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
		22a I certify that (I) (this-he	restal) ottended th	ne deceased from	9 14	30 19	10 3-1	(a 19	RO	that (I) (we) last
of Ha		saw the deceased alive	on 3 150	80 19		d that in (my) (our) opinion o	leath occurred an the d	ate and haur a		
IRE(d fo pt. q		abave. (1) (we) (did) (did	nat) view the bady	after death.		DEGREE			22c. DATE	SIGNED
TO FUNERAL DIRECTOR Abould be detached for use a with the State Dept. of Heal IMPORTANT: If Item 21 is		A Tople	nu	2		ATTENDING	MEDICAL STA	FF CIAN []		2.80
Sta		224 PHYSICIAIN'S NAME (TYP	OR PRINT)			22e ADDRESS			100	
TO FUNE HALL should be detac with the State IMPORTANT:		Los Zersus	y my	0		3809 gr	een mous	at Av	z Ba	et 212.
F & 3 ₹	230	BURIAL, CREMATION, REMOV	AJ 23b. DATE	23	L NAME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OF TOWN	C	DUNTY	STATE
		Burial		AR'80	Glen	Haven Mem. P	k. Glen H	Burnie	, A.A	. Md.
HMH-16 25M	24 F	UNERAL DIRECTOR 96	aster	AODRESS	2 N. T.		REC'D. BY REGISTRAF	256. REDISTR	R'S SI NAT	URE resoly
RA 15, 4) 1/79		SINGLETON F	UNERAL	HOME, G	LEN BU	JRNIE, MD MAR	1 9 1980	graft	ymal	way

			KZ RITONI	at sign	
vill e					
e dry		HERE, NA.	THE PARTY OF		ed mined
	word trul			.3.2	
martin S.	obligation.	4 July 143	The Far Mill	Lagran College	orowidies
Set Drive	nria Nosa		Tolerel me	Lioured	Bretyrad
teni .niiveroii:		it-ing	nosmie	. W	neitei
	meyd .V !	Me. Delman	200-44-300		
	11 12 18			HATEL &	

		1-	STATE REGISTRAR		DEFARIA		ICATE OF DEATH	REG. NO			
			CEASED NAME FIRST		MIDOLE	1	AST /	20. DATE OF DEATH	0	YEAR 26 HOUR	2
	by be		Louise	4 RACE	H	JAC S. DATE C	Niven	6. AGE (IN YEARS LAST BIRTH		SO 10.36K	7
	4 (M)	3. SEX	Female		ite	MONTH 12		70	YRS.	DAYS HOURS MIN	
	60 a	7a BII	RTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	8.	D NEVER MARRIED	9 BALTIMORE CITY OF		ATH	
	deoth une m of on		rginia	U.S. A		WIDOWE	DIVORCED	Baltimore		ME KIND OF BUSINESS OR).
10:	by the filled with	10 CI	ty or town of death Baltimore		HOSPITAL, NURSING CHEACILITY, GAYESTREET HOSP		DR OTHER INSTITUTION	(Type of work for most of Clerk - Fax	working life) INDI mers Ean	kind of Business or Ustry K, Dover, Del	•
ND 212	ly filled in should be the sho	13a. S	AL RESIDENCE (IF NURSING HOME OF TATE 13b. COUN		Baltimos		13d INSIDE CITY LIMITS? YES A NO	13e STREET ADDRESS 1505 Pentr	ridge Roa	d, 21239	
MARYLAND 21201	completely s 1 and 2 sh	14 FA	THER'S NAME FIRST FRANK	MIDDLE	Wilson	n	15. MOTHER'S MAIDEN NA FIRST Laura	WE	Wo	olfolk	
ORE, A	n and car Pages 1 a	(Y		MED FORCES? WAR OR DATES)	16b SOCIAL SECU		17 INFORMANT	ADDRE		יין מון איי	7
LTIM		_	No		212-12-4		Mrs. Dolores	Feaser, 9701	l Ola Cou	APPROXIMATE INTERVAL ETWEEN ONSET AND DEATH	=
ST., BA	rtificate k g physicia an papers emaval. event, the	~	CAUSE OF DEATH (Enter on PART I, DEATH WAS CAUSE IMMEDIA)	D BY:	r line far (a), (b), an	Fo	where of the	2 respir.	center	ETWEEN ONSET AND DEATH	_
TON	tending re carbi an, ar r		4344	DUE TO, C	DR AS A CONSEQUI	ENCE OF	xtended	Cerebral in	farction		
W. PRES	that the de d by the att lease remay ial, crematic or ather trau		Canditions, #F any, which gave rise to immediate cause 101, stating the underlying cause last.	DUE TO, C	DR AS A CONSEQU		hiple embolisa		7		
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE,	quires the signed k hen plea to burial, ar a	NOI	PART 2. OTHER SIGNIFICANT (()						'ART 1(a)	=
L RECOR	The low relicion. It has been not been prior prior prior prior shows only in	CERTIFICATION	190 DATE OF OPERATION	196 CONE	OITION FOR WHICH	OPERATIO	N WAS PERFORMED	YES NO	20b. IF YES, WERE IN CERTIFYING C YES	FINDINGS USED AUSES OF DEATH?	
FVITA	N. Thysicide cote consit Hygid		210. ACCIDENT WAS UNGERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A	OF INJURY M. MONTH D		21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	RY IN ITEM 18, PART 1 OR	PART 2)	
ONO	HYY sir l M or	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED	21e. PLACE	OF INJURY TREET, FACTORY, OFFICE,	19 FARM. ETC.)	21f. LOCATION STREET	CITY OR TOV	vn cou	INTY STATE	-
DIVIS	DING PH or after thi After thi e os the l olth and marked a	Σ	WHILE NOT WHILE AT WORK				ch 4. 10 80	march	12. 8	O. that (I) (we) las	_
			saw the deceased alive an abave, (1) (we) (did) (did no	marc	19.0) _	nd that in (my) (aur) apinian	, 10			л
	OR ATTEN the hospital DIRECTOR oched for un Dept, of He		226 SIGNATURE DE P	L/e	y affer death.		DEGREE ATTENDING	MEDICAL STAF		C. DATE SIGNED	
	iTAL by th ERAL deto state	-	224 PHYSICIAN'S NAME (TYPE O	R PRINT)				MEDICAL STAF	IAN X	3-18-80	_
	HO FU		224 PHYSICIAN'S NAME (TYPE O	V POTO	DRKE M	0,	Balti	more Md.	21227		
	Or Or W.	23a. l	BURIAL, CREMATION, REMOVAL SPECIFY)				CEMETERY OR CREMATORY	236. LOCATION CITY OR TOWN	COUNTY		
274	19 BP	24 5	Burial	3/20		altim	ore Cemetery	Baltimore TE REC'D. BY REGISTRAR		Waryland	_
	DHMH - 16 50M 1/76 (VR A 15 (4))	124	UNERAL DIRECTOR BY	ers Fune	eral Dire	ctors	P. A.	4 0 4000	progray	Medical	
	(11, 21, 10, (2))	1.8	728 Liberty Roc	id. Rano	aallstown	. Ma.	21133 INF	111 7 0 1000	-	-	_



0							MARYLAND				
(11.	FOR STATE					H AND MENTAL	() ()	0 6	3 8 8	
		REGISTRAR		MEI	DICAL EXA	AINER'S	CERTIFICATE	OF DEATH	REG. NO.		
		ECEASED NAM	E FIRST		WIDDLE		LAST	20. DATE KN	OWN MONTH	DAY YEAR	26 HOUR
ASE TIES. DURS REET,			JOHN		W.	MA	ACER	DEATH M	ATED & 3-	29,80	2 4 M
RECEDEN	3 SE	X	4 RACE	5. DATE OF BIRTH		(IN YEARS IF U		R 24 HRS. 2c. DATE	нтиом	DAY YEAR	2d. HOUR
N S S S S S S S S S S S S S S S S S S S		Male	Negro	3 6	29 51		THST DAYS HOURS	MIN PRONOUNCE DEAD	:0	19	M
S. A. T. E.	Ja.	BIRTHPLACE (S	TATE OR	76. CITIZEN OF WH	AT COUNTRY?	8. MA DE	RIED X NEVER MAR	PIED 7. BALTIMOI	E CITY OR COUNT	Y OF DEATH	
# 5 5 5 5 3 S	5	OKERSH COUNTRY)	MD	U	SA	WIDOV			more City	J	MD.
S = 3 0 1	1D. C	ITY OR TOWN	OF DEATH	11. NAME OF HOS	PITAL, NURSING I		HER INSTITUTION	12a USUAL OCCUPA FOR MOST OF WORKIN	ION (TYPE OF WORK	OR INDUSTR	SINESS
ELAY IS N TO THE F N PAGE 5 BE FILED,	0	Baltimo	re	Residen	ce	(KE22)		FOR MOST OF WORKIN	G (IPE)	OK II DOSTK	
0 - 7 8 C	USL	IAL RESIDENCE	(IF IN NURSING HOME OF	OTHER INSTITUTION, GI	VE RESIDENCE BEFORE A		13d. INSIDE CITY LIMITS?	13e STREET ADDRESS			
21201 IF ANY DE AND 3 T SHOULD B	130.	STATE	13b. COUNT	301-10	Balti		YES NO E		Meadon I	Poad	
22, E	14. 8	ATHER'S NAME		7111		MOTO	15. MOTHER'S MAII				
	0	Clifton		F.	Macer		Margar	_	LE	Macer	
MORE, TER DE PAGE FORM SS 1 AN	16a.	WAS DECEASE	DEVER IN U.S. ARM	ED FORCES?	16b. SOCIAL SEC	CURITY NO.	17. INFORMANT		ADDRESS	Macel	
BALTIMORE, MD RS AFTER DEATH GNE PAGES 1, WITH FORM PW WITH SORN PW WITH SORN PW WITH SORN PW WITH SORN PW	4	YES, NO, OR UNKNO	OWN) (#YES, GIVE W		220-22	-8513	Virginia	Kyler Mace	6733 E	Nondo:	n Dond
BALTIMORE, M URS AFTER DEAT B. GIVE PAGES 1 WITH FORM PA PAGES 1 AND DIVISION OF W		18 CAUSE C	OF DEATH (Enter only				TVITETIIIA	Kyler Mace	0/33 FC	APPROXIMATE .	INTERVAL
		PARTIDE	ATH WAS CAUSED	BY:	-01100	2.0	of Lui	10		BETWEEN ONSET	AND DEATH
TON ST V 24 HO I ITEM I ALONG T PERM!		11/	7 9 IMMEDIATI		AS A CONSEQUE	NCE OF	1	1		1	
REST THIN IL IN IER A NSIT OVAI			ns, if any, which					V			
W. PREST ED WITHIN PENCIL IN AMINER , L-TRANSIT ENTAL HY			se to immediate) stating the under-	(b)	AS A CONSEQUE	NCE OF					
A A A A A A A A A A A A A A A A A A A		lying cau	use last.								
EXECUTE IN THE INTERIOR OF THE	. 1	PART 2 DITHER S	IGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH	RUT NOT RELATED TO TH	HE TERMINAL DISEA	SE DR CONDITION GIVEN IN	DART I (n)			
ECORD BE EX BEDIC AEDIC AS A ALTH A	Z					TE TERMITITE BIJEA	SE DE CONDITION ONCE IN	TANT (U).			
ULD B WID B "PENI "PENI "PENI HEAL	CERTIFICATION	19a. DATE OF	OPERATION	19b. CONDII	TION FOR WHICH	OPERATION Y	WAS PERFORMED?			20. AUTOPSY?	
TALRE HOULD TO WEE VEE VEE VEE VEE VEE VEE VEE VEE VEE	9 1 2									YES 🗆	NO []
OF VITA ATE SHO THE CH TO BE U AENT OF	/ =	21a. EXTERNA	AL CAUSE WAS	21b. TIME OF	INJURY	21c. h	HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	IN ITEM 18 PART 1 OR PA		140 []
N OF N OF N OF THE W TIMEN TO BU		UNDERLYING	OR OR		. MONTH DAY						
ISION ERTIFICACI TO D TO SHOOL FPART	MEDICAL	21d. INJURY	CCURRED	21e. PLACE C		19 DME. 21f. LC	OCATION				
DIVISI IIS CERT VRITING VRITING GE 3 SI JE DEP	A	WHILE	NOT WHILE AT WORK	STREET, FACT	ORY, FARM, ETC.)		STREET	CITY OR TOWN	со	UNTY	STATE
DI THIS (E, WRII) PAGE STATE		AT WORK	ATWORK								
~		22a. I certi	fy that I taak charge	e of the remains des			psy, Inspect	tion , Inquiry	and in my or	pinian	
A T W U T A		death result	red from: Noture	al causes 🔄,	Accident ,	Suicide	Homicide	/ Undetermined man	er,		
E CERTING OULD BE WITH WITH WITH WITH WARYL		ACTUAL	(Valia	0.1-	tello	0 0 60	TITLE (SPECIFY)	frem	DATE	3-29	2-80
CAL THE SHO SHO ATH,	=	SIGNATURE	Caus	معامد	rue	20 AT	h.D. Degu	MEDICAL EXAMIN			
MEDICAL E ECUTE THE CAS AND FUNCES AND FUNCES OF FUNCES FU	1	EXAMINER'S (TYPE OR PRI	NAME OA	VRADO	FER	RERE	0 5	550 Bal	timore 1	V. P.KO	
TO MI EXECU PAGE AFTER BALTIN	700						AUDRESS	123d. LOCATION			
	230.	(SPECIFY)	TION, REMOVAL 23				nal Park	CITY OR TOWN	COU	nty sta	KTE
1/2 3// BP	24	FUNERAL DIREC	irial	4/3/80	lvid.,	Matio	HAL PATK	Laural E REC'D. BY REGISTRAK	125b. RECHARAS	SIGN WARE	,
1024 DHMH-17 (VR A15 ME(5))	-	NAME	March F/H	1 1 0 1 1	E. North	Ave		MAR 3 I 198	perfor	y/helru	7
15M 7/76		wifi. C.	march r/n	1 1101	L. NOI CII	TIVE.			/		



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGENE

FOR

BP.

DHMH - 16 50M 7/77 (VR A 15 (4))

COUNTY

YES [

COUNTY

22c. DATE SIGNED

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

Th. HOUR

126. KIND OF BUSINESS OR

APPROXIMATE INTERVAL

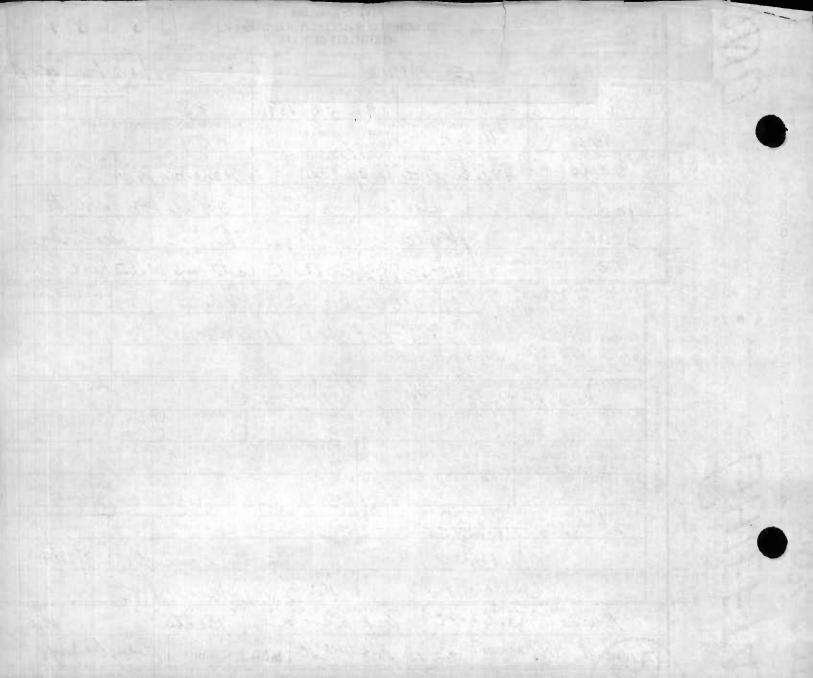
NO [

STATE

PURCHE LIVE AN

INDUSTRY

Bart

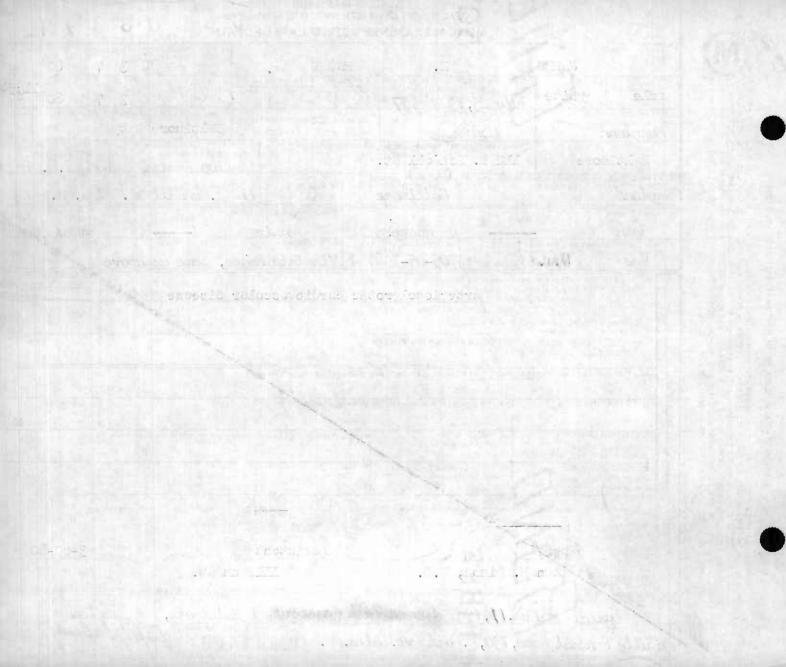


1.	- S1	OR ATE GISTRAR			PEPARTMENT OF		AND M	MENTAL			() 6	8	9	0	
	ECE	ASED NAME	Vince		harles	Maf	LAST			2a. DATE OF	KNOWN ESTI- MATED	XX wo			26. HOUR	
3. SI	ex ma	le	RACE White	5. DATE OF BIRTH	YEAR 6. AGE (III	YEARS IF UN	NDER 1 YR.	IF UNDE	R 24 HRS.	2c. DATI PRONOU DEAI	E NCED		13		2d HOU 9:10	
F	FORE	HPLACE (STA GN COUNTRY) Wash.	D.C.	76. CITIZEN OF WH			IED NI	EVER MAR DIVOR	RIED K	9. BALTIA Bal	ore cit	_		FDEATH	MI	
В	al	ortowno	F DEATH	Univers:	ity Hospi	tal (M		UTION	12a. USU FOR	JAL OCCU MOST OF WO Auto	RKING LIFE)	-	1.	KIND OF B OR INDUS Che	USINESS IRY Vron	
13a. M	sta (a)	yland	U. COU	or other institution, givi NTY 1tgomery	13c. CITY OR TOWN	ilssion)	YES 🏖	CITY LIMITS?] 451	EET ADDR Ad	^{ESS} rian	Str	eet			
		Vince:		MIDDLE H •	Maf				ginia	,	AIDDLE L			Perk	ins	
16a.	(YES.	NO, OR UNKNOW	(IF YES, GIV	RMED FORCES? E WAR OR DATES) Inly one couse per line f ED BY: AC		72 8923 Julie Weiss same as 13e									E INTERVAL	
NC		Canditions, if any, which gave rise to immediate cause (a) stating the under-lying cause last. DUE TO, OR AS A CONSEQUENCE OF (c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).														
CERTIFICATION	1	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED?										20. AUTOPSY? YES XXX. NO				
MEDICAL CER	2		CLIPPED	21e. PLACE O		80 dr	CATION	of a		ost o	ontr	01/0	vert		/fixed object w.WA	
			that I taak char	rge of the remains desc	ribed abave, held a	n Autop Suicide	" Ham	Inspecti icide , SPECIFY) is tan	Undet	Inquiry ermined m	anner], D	ny opiniar	3/14/	80	
	_			nez R. Guar			ADDRESS.		Penn		at,Ba	lto.	MD 2	1201		
24.	FUN	Buria Beral Direct	grson Wi	336. DATE 3/17/80 neeler Fun Pike ADRESS	23c. NAME OF Gate	of Hea	aven	Ceme	23d. LC CGTY tery	CATION OR TOWN	ver	Spri	resky	Md.	TATE	
	١).	OT KOC	KAITTE	rike koc	varite,	riu. Zi	المرات	. An				-		-4		

in in the second second . . . 110 12 treets and the last a last recoil grower of the Environment The same of the sa efficie a distribution (SNP TT RES Beigner in the second of the period of the second of the s u mentale la companya de la companya ... 1 02-12-1 - 10-1 There is a distance of the late of THE COURT OF THE LOCAL PROPERTY OF THE PARTY A CONTRACT OF THE CONTRACT OF

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE REGISTRAR DECEASED NAME FIRST 20. DATE KNOWN X MONTH DAY YEAR (TYPE OR PRINT) OF ESTI-JAMES DEATH MATED H. MAGEE 80 19 4. RACE 6. AGE (IN YEARS) IF UNDER 1 YR. DATE OF BIRTH IF UNDER 24 HRS. 2c. DATE LAST BIRTHDAY PRONOUNCED DIRE male white DEAD TO BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED WEVER MARRIED FOREIGN COUNTRY) Baltimore City WIDOWED Maruland DIVORCED FILED, CITY OF TOWN OF DEATH USUAL OCCUPATION (TYPE OF WORK 12h KIND OF BUSINESS II. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION E. Randall St. Baltimore Station Master USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 3a. STATE 13d. INSIDE GITY LIMITS? 112 Randall St. Balto Md. 13b. COUNTY laruland Baltimore NO [] VITAL 15 MOTHER'S MAIDEN NAME 14. FATHER'S NAME MIDDLE MIDDLE Tones Manee lohn lennie OF ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT DIVISION (YES. 19. OR UNKNOWN) Virginia Magee. Same as above APPROXIMATE INTERVAL CAUSE OF DEATH (Enter anly one cause per line far (a), (b), and (c).) BETWEEN ONSET AND DEATH SIT PERMIT PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTNER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) CERTIFICATION 19a, DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? 90 TO BURIAL, YES NO X E 3 SHOULD BE E DEPARTMENT C PRIOR TO BURIA 21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH P.M. 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME 21f. LOCATION AT WORK AT WHILE STREET, FACTORY, FARM, ETC.) STATE CITY OR TOWN COUNTY TO MEDICAL EXAMINER:
EXECUTE THE CRETIFICATE
PAGE 4 SHOULD BE FOR
TO FUNERAL DIRECTOR:
AFTER DEATH, WITH THE S
BALTIMORE, MARYLAND, 2' 22a. I certify that I taok charge of the remains described above, held on Autopsy Inquiry and in my apinian death resulted fram: Accident Homicide Undetermined monner TITLE (SPECIFY) ACTUAL Assistant 3-8 -80 MEDICAL EXAMINER SIGNATURE Ann M. Dixon, M.D. 111 Penn St. XAMINER'S NAME TYPE OR PRINT 23d. LOCATION 23g. BURIAL, CREMATION, REMOVAL 23b. DATE Mar. 10, 1980 Loudon Park Cemetery Baltimore. Enfray halands BP Mo "illy Funeral Home, 130, Fort Ave. Balto. Md. **DHMH - 17** (VR A15 ME (5)) 15M 7/76

STATE OF MARYLAND



FOR

REGISTRAR

- STATE

REG. NO MONTH 26 HOUR 1980 :351 AGE (IN YEARS LAST BIRTHDAY) IF UNDER LYEAR IF UNDER 24 HRS DAYS HOURS 126 KIND OF BUSINESS OR INDUSTRY Own Home Lacher 20b. IF YES, WERE FINDINGS USED

BALTIMORE CITY OR COUNTY OF DEATH Baltimore City 12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Housewife 13e. STREET ADDRESS 1218 Frailey Way MIDGLE P. ADDRESS 215-03-8363D Evelyn M. Kelly, 6203 Marietta PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20s AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOVE YES [21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2 CITY OF TOWN COUNTY STATE and that in (my) (aur) apinian death accurred on the date and hour and from the causes stated 22r. DATE SIGNED MEDICAL STAFF Mar. 8. PHYSICIAN V DIRECTOR PHYSICIAN

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENES

CERTIFICATE OF DEATH

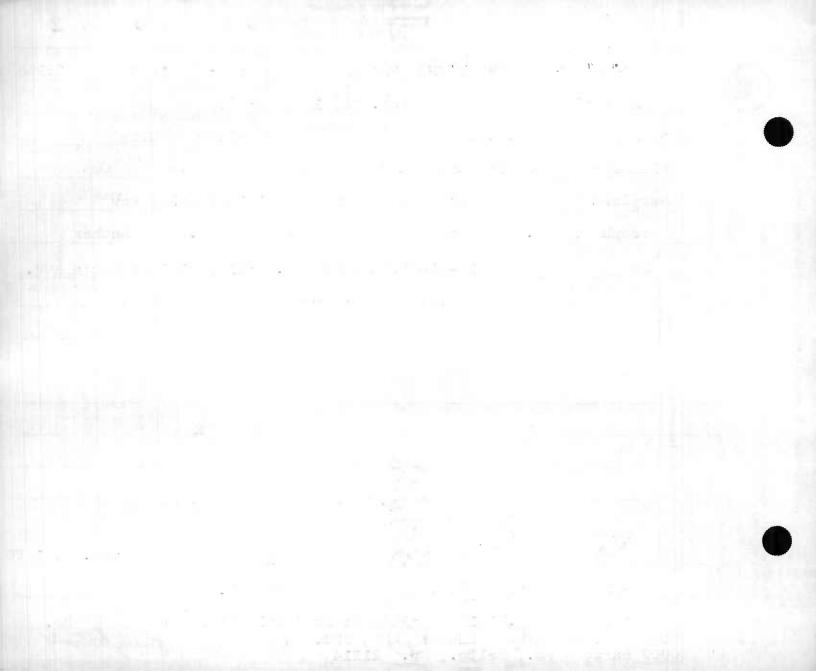
DHMH-16 20M (VRA 15, 4) 7/7B

Mar.11,1980 Baltimore National Baltimore 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE ROBERTECOR ALTENBURG FUNERAL HOME, INC.

STATE Md.

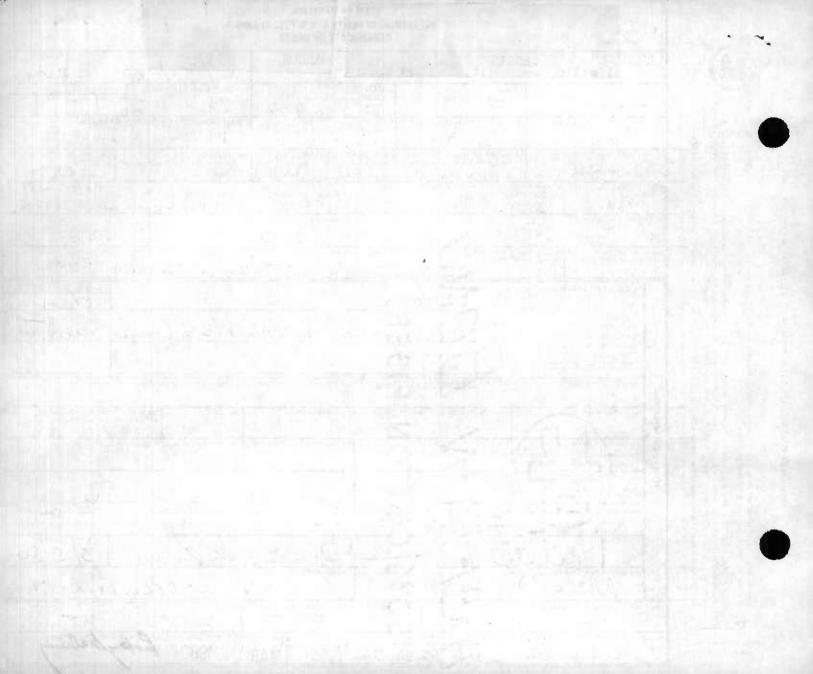
COUNTY

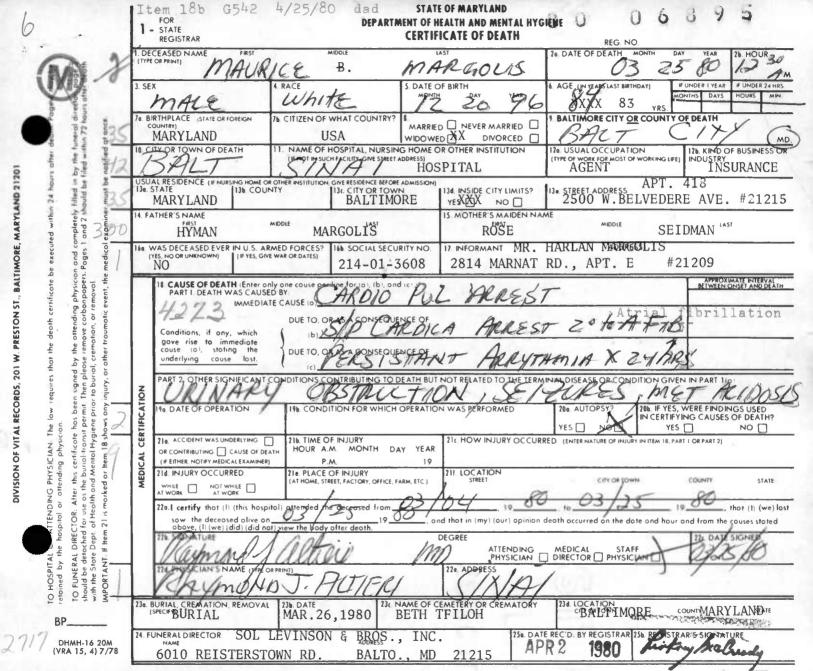
6009 Harford Rd., Balto., 21214

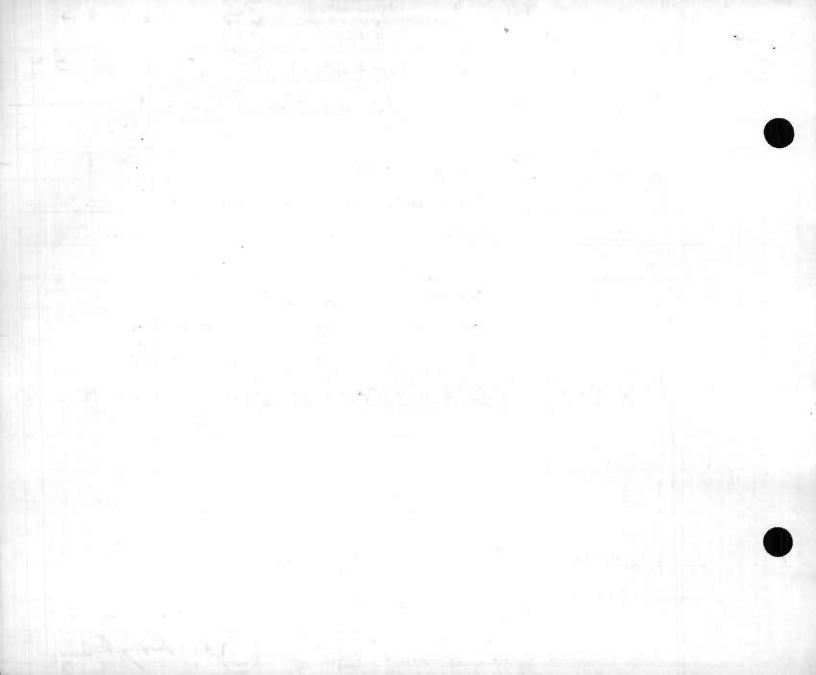


	1	F 0.D			SEDART	STATE	OF MA	RYLAN	D	IVOIENE		5 6	0 (1 7	,
	1 - STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENES										O ;	7 3	•		
REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. 1 DECEASED NAME FIRST MIDDLE LAST 70. DATE KNOWN ID MONTH DAY												YEAR	2b. HOUR		
(IYECOR PRINT)													ZB. HOUR		
	3 SEX		Jam RACE	O DATE OF BIRTH	Melv	in 6. AGE (IN YEARS		nnis	IF UNDER			ALED []	3 1	1980	M HOUR
	Ma.		White	8 29	ZLZL ZLZL		MONTHS		HOURS		DATE ONOUNCEI DEAD	D	3 1	1,80	3:35A
-	Ja BI	RTHPLACE (STARESON COUNTRY)	ATE OR	USA	HAT COUN		MARRIED	NEV	ER MARR	IED M		_	COUNTY OF	DEATH	
	10 CI	TY OR TOWN O	OF DEATH	11. NAME OF HOS	CILITY, GIVE S	RSING HOME, C				12a USUAL FOR MOS	L OCCUPATI ST OF WORKING	LIFE	WORK 12b. K	IND OF B	TRY
			re City	Sinai OR OTHER INSTITUTION, GI	HOSI	oltal				Phot	ogra	pher	Impa	ict	Studio
	13a. S		113b. COUN		13c. CITY	or town edale	13	3d. INSIDE CIT YES 🔲	NO 🔀	13e. STREET		aper	Court	t_	
	14. FA	THER'S NAME		MIDDLE		LAST	1	5. MOTHE	R'S MAIDE	ENNAME	MIDDLE	E		LAST	
	115	Jame	S	J	M	aginni	S		nna				G	roo	ms
	160. V		EVER IN U.S. AR	MED FORCES?		CIAL SECURITY N		7. INFORM			A	ADDRESS			
		NO ORUNKNOV	THES, GIVE	WAR OR DATES	213	-44-99	57	Tames	J.	Magi	nnis	1500	Drap	er i	Court
				nly one couse per line	for (o), (b), and (c).)		TOTAL T							TE INTERVAL ET AND DEATH
	20		ATH MAC CALLER		, , ,		raci	e anr	rt.a				BET	WEEN ON?	ET AND DEATH
		913	IMMEDIA			SEQUENCE OF	Tavi	C_aoi							
	>		s, if ony, which												
			e to immediate stating the under-		AS A CON	NSEQUENCE OF	-							-	-
		lying cous		DOL 10, OK	NO A COL	-DEGOLACE OF							75 1		
		DADT 2 OTHER CO.	MICICANT COMOUTIONS	(c)	BUT NOV DO	ATTO TO THE TERM	LOUGETTE	a canata	CONT.						
	z	PAKI Z UINER SIG	MINICANT CUNUITIONS	CONTRIBUTING TO DEATH	WUT NOT RELA	ATEU TO THE TERMINA	L DISEASE O	IR CONDITION	GIVEN IN PA	IRI 1 (a).					
	CERTIFICATION	IN DATE OF	ODEDATION	101 00100	CON CON	WHICH ODERAT	IONI VAZA	C DEDECOR	AED2				Inc	ALITORGI	/2
	ICA	196. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED?										20	20 AUTOPSY?		
	RTIF		CAUCETTA	011 71115	10.111.100.1		41 114	44 14 14 14						YES X	NO 🗆
		210 EXTERNA		21b. TIME OF HOUR A.M		DAY YEAR				ED (ENTER NAT					
	MEDICAL		Ø OR IG □ CAUSE OF	DEATH ? XX	. 3	1 1980			in	auto/	auto	impac	t		
	AEDI	21d. INJURY O	CCURRED	21e PLACE C STREET, FACT	OF INJURY	TC.1	21f. LOC	EET			CITY OR TOWN		COUNTY		STATE
		AT WORK	NOT WHILE 18	S	treet		Fall	s & C	old C	ourt F	Rds		Balto	o., 1	MD.
				ge of the remoins di	cribed abo	ove, held an	Autapsy	X.	Inspectio	on ,	Inquiry], and in	n my apinian		
-		death resulte		oral care	Accident	X such	ALL	Hamici			nined monne				
1		Gedin resone	7	//	1	0)	TITLE (SF		0110070111		Land '			
	12	ACTUAL:	(Mione	21K)	Thuck	MA			iefedica	AL EVALABLE	-	DATE SIGNED	3/1/	/80
0		SIGNATURE_	/	V V KVS	W	- Complete	M.D	<u>pepul</u>	J OII	TO MEDICA	AL EXAMINE	EK	SIGNED		
1		EXAMINER'S I		Thomas D	. Smi	ith, M.D	•AI	DDRESS	111	Penn	St.	Balto	o., MD		
	230. B	URIAL, CREMAT	ION,REMOVAL			NAME OF CEME				23d. LOCA	TOWN		COUNTY		STATE
		urial	2016	3/4/80	Ga	rdens	of I	aith	n Ce	m Ove	rlea	Ba	ltimo	ore	Md.
	24. F	UNERAL DIREC	TOR	ADDRESS					TO BE	REC'D. BY RE	EGISTRAR :	256 SEGISTI	Altimo	TURE	
	L		Funera	al Home	740	1 Bela:	ir F	Road	וותמי	0 19	80	graphe	ymen	sooly	

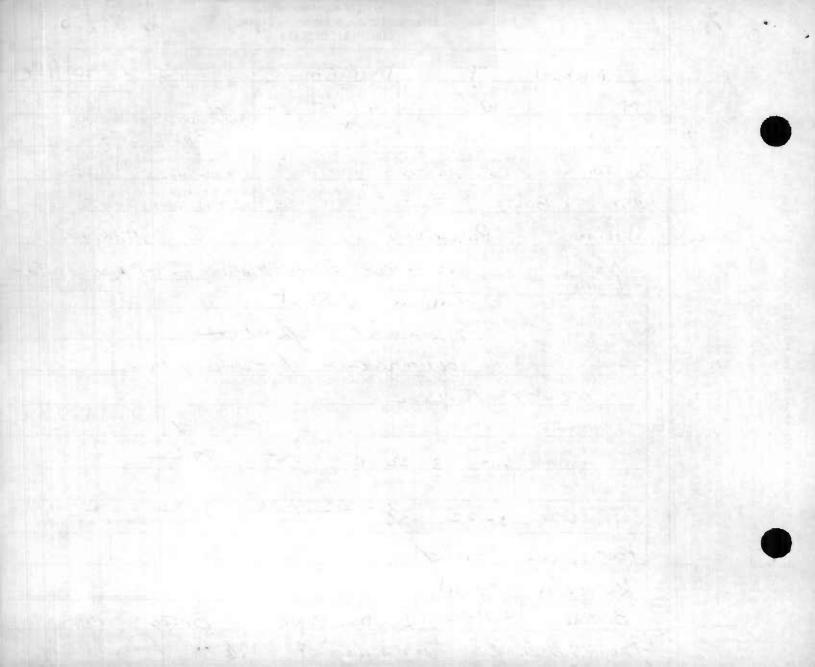
20	1.	FOR STATE REGISTRAR			DEI			EALTH AND	MENTAL HYG DEATH	JENE 🜙	REG. 1) O	2 1	4
(M)		CEASED NAME OR PRINT) BESSI		SSIE H	MIDDLE H.	MA	12CU	S MAR	RCUS	20. DATE	OF DEATH	MONTH / 81	DAY YEAR	26 HOUR
ge 4 mector.	3. SE	Female		4 RACE W I	HITE	5	DATE O	F BIRTH DAY	1898 XXXXXX	6 AGE (II	YEARS LAST BI	81 YRS.	IF UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN
deoth. Pa		RTHPLACE (STATE OR FO	DREIGN		S.A.	V	VIDOWE	D D	MARRIED [altim	OR COUNT	Y OF DEATH	MD.
by the fu	10 C	Baltimore	TH	11. NAME OF (IF NOT IN SU	HOSPITAL, N CHEACILITY, GIVE		DRESS)		Ctag Hoga	(TYPE OF W	ORK FOR MOST	OF WORKING L	FEI INDUSTRY	OF BUSINESS OR
n 24 hou filled in hould be	130	AL RESIDENCE (IF NURS	136 COUN	ITY	13c CITY OF			YES 🗸	NOXXX	7236	Park 1		-	21208
ompletely ond 2 s	1	THER'S NAME FIRST LEON		MIDDLE	HOFF	MAN			S MAIDEN NAA FIRST SOPHIA		MIDDLE		STERŃ	st
te be execution ond control of the medical		VAS DECEASED EVER (es, no or unknown) NO		MED FORCES? WAR OR DATES)	215-5				ANT MRS. HEMPSTE					0034
equires that the death certi- n signed by the attending p. Then please remove corban to burial, cremation, or ren injury, or other troumatic ev	NOI	Conditions, if ony, gove rise to imm couse (o), softin underlying couse	which nediote g the lost.	DUE TO, C	S A GON DR AS A CON	o cy seoujno	CE OF		uporal Dio The TERM		Per	LOUVE MOITION GIV		ontis
he low roon. The low roon. The permit is the prior to be prior to be been to be be been to be be been to be be been to be been to be been to be been to be be been to be been to be been to be be been to be been to be be been to be be been to be been to be been to be be been to be be been to be been to be been to be been to be been to be been to be been to be be been to be be been to be be been to be be	CERTIFICATION	19a DATE OF OPERAT	ION	19b. CONE	ITION FOR V	VHICH OF	PERATION	N WAS PERFO	DRMED	200 AL	TOPSY?	IN CERTI	S, WERE FIND I FYING CAUSES ES []	NGS USED S OF DEATH?
by the hospitol or ottending physicion. ERAL DIRECTOR: After this certificate has been signed by the ottending physicion and contended for use as the buriol-tronsit permit. Then please remove carbon papers. Poges State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal. ANT: If them 21 is marked or them 18 shows any injury, or other troumatic event, the medical	MEDICAL CER	21a. ACCIDENT WAS UND OR CONTRIBUTING CIFETHER, NOTIFY MEDICA 21d. IN JURY OCCURR WHILE AT WORE AT WOL 27a. I certify the Life Sow the devices obove the (we) id 77b. SION ATURE	AUSE OF DEA' (L'EXAMINER) ED (This hospit	THE HOUR A P THE PEACE (AT NOWL 5) TO VIEW the Model The PEACE (AT NOWL 5)	M. MONTH	OFFICE, FARM	U on	211 LOCATI STREET	19 7) (our) opinion of	. to	3/	ight and ho	count 19_80	STATE OF THE STATE
TO HOSPITA retoined by TO FUNERA should be de with the Stot		Noa	L 3	8, 4	VCST	N	·.) .	116. AUGRES		Pan	ie + t	BELV.	EDELL	H
120 BP	(BURIAL, CREMATION, ISPECIFY) BURIAL		MAR.7,		H	EBRE	W FRIE		CIT	CATION CORTOWN BALTIN			RYLAND
DHMH - 16 50M 1/76 (VR A 15 (4))	24. 5	INERAL DIRECTOR	6010	REISTE	RSTOWN	RD.	BAL	Γ.,MD	21215 DATE	REC'D. B	REGISTRAF	25b. 15.51S	RAR'S S CNA	URE



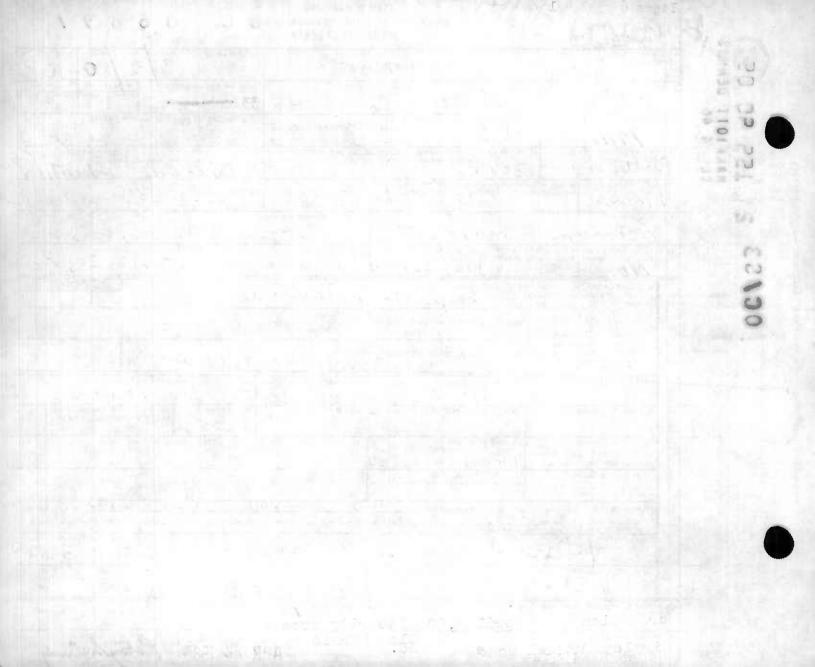




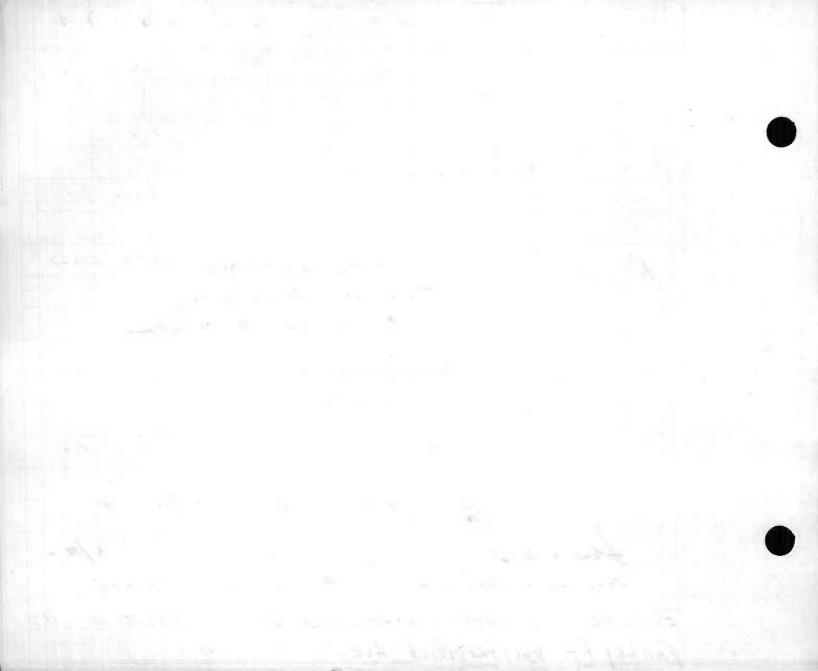
12				STATE OF MARYLAND		1 3 0 6	
50	1-	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	3 0	5 6 9 0	
	I DE	CEASED NAME: FIRST	MIDDLE	LAST	REG. NO.	ONTH DAY YEAR 2h	HOUR
A 25		OR PRINT)	D	Maria	N. DAIL OF BLANT	1.0	916
	3 SE	Michael	4 RACE	Is, DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHD		UNDER 24 HRS
(MI)		M	W	MONTH DAY YEAR 4 15 24	61	YRS.	DURS MIN.
12		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED	9. BALTIMORE CITY OR		33113
10 17		USAV	USA	WIDOWED DIVORCED	BALT		MD.
4 P		TY OR TOWN OF DEATH	NOT IN SUCH FACILITY, GIVE STREET	and the second s	12g. USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF V	VORKING LIFE) INDUSTRY	
e e f		BALTO	ST. AGNU		MECHANIC	I Auto	
filled in could be	13a. S				13e STREET ADDRESS	:	
2 shou	14 E A	THER'S NAME	ALTO BAL	YES NO. NO.	2341 Mo	NUMENTAL	AV
05 O oud 2	,,,,,	Julian	PALLA DI	FIRST	WIOOFE	MARTUCC	1
0	160 V	VAS DECEASED EVER IN U.S. AI	RMED FORCES? 16b. SOCIAL SEC	CURITY NO. 17 INFORMANT	ADDRES	S	
P o		No OKONKOWN) (IF YES, GIV	109-34	-9925 Fileen i	MARINO 2:	341 MONUMO	
popers. novol. ent, the		18 CAUSE OF DEATH Enter of	nly ane cause per line for 101, (b), a	and (C)		APPROXIMAT BETWEEN ONS	E INTERVAL ET AND DEATH
OF C F >		PART I. DEATH WAS CAUS	TE CAUSE (0) Cardio	ic arrest			
corbo corbo or re		410-	DUE TO, OR AS A CONSEQU	UENCE OF			
nove corb otion, or rroumatic		Conditions, if ony, which	(b) Myora	rdial infar	ction		
er e		gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQU	UENCE OF			
of, cr		underlying couse last.	(d) 0611h		nanary +	low	
to bur njury.	z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OF CONDI	TION GIVEN IN PART 1(a)	
- ·-	5	19a DATE OF OPERATION	VI Faitur	H OPERATION WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FINDING	STISED
Sony Sony	CERTIFICATION	198 DATE OF OPERATION	178 CONDITION FOR WAIC	H OFERATION WAS FERFORMED		IN CERTIFYING CAUSES OF	DEATH?
Hygiene par 18 shows	ERT	21g. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	21¢ HOW INJURY OCCU	YES NO NO REPORTED INJURY		NO 🗌
ntol Hy		OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH	DAY YEAR	~ '		
A Mental or Item	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER 21d, INJURY OCCURRED	2) 4:15 P.M. 3	21 LOCATION	,		
	ME	WHILE ON NOT WHILE O	(AT HOME, STREET, FACTORY, OFFICE		CITY OR TOWN	COUNTY	STATE
olth onc		AT WORK AT WORK	pital) attended the deceased from	2 - 2 2 19 X	0 10 3 - 72	- 10 XO sho	ot (I) (we) lost
for us of Hea		saw the deceased alive a	3-22 19	%D , and that in (my) (our) opinia			
ot o		abave, (1) (we) (did) (did no 22b, SIGNATURE	at) view the bady alter death.	DEGREE		22c. DATE SIC	
Del H		Kan	c.d	ATTENDING	MEDICAL STAFF		
Stote		22d. PHYSICIAN'S NAME (TYPE	OR BRIAIT!	PHYSICIAN 22e ADDRESS	DIRECTOR PHYSICIA	NU I	
should be deto		1/2	0 1				
Short MPC	22- 1	BURIAL, CREMATION, REMOVA) Q 1 d	NAME OF CEMETERY OR CREMATORY	23d. LOCATION		
	730 (SPECIFY BURIAL	3-26-80	LouDon Park	CITY OR LOWN	COUNTY COUNTY	STATE
	24. FI	INEMAL DIRECTOR	1 1/1	250. D	ATE REC'D. BY REGISTRAR 2		
16 50M 1/76 A 15 (4))	1	In 11/2 10 10 10 10	ADDRESS		199 / 1880 J	tiotow tralie	-du



	It	ems 6 g542 4/18/	/80 gj	STATE OF MARYLAND			2
1 / 1	1	FOR STATE		OF HEALTH AND MENTAL HYG	IERE ()	6 3 9	1
X to I		REGISTRAR	CE	RTIFICATE OF DEATH	REG. NO.	, ,	
		OR PRINT) PENN	is mar	riott	2a. DATE OF DEATH MO	3/3/80	10 PM
ge 4 may cror, pa africe	3 SE	male !	RACE white, SI	ATE OF BIRTH	4. AGE (IN YEARS LAST BIRTHD)	MONTHS DAYS	# UNDER 24 HES. HOURS MAN
Bed after a difference of the second of the		RTHPLACE ISTATE OR FOREIGN 7		ARRIED NEVER MARRIED DOWED DOWED DIVORCED	Baltimore CITY OR	COUNTY OF DEATH	ty MD
urs after of within the real of the real o	10 0	TY OR TOWN OF DEATH	IT. NAME OF HOSPITAL, NURSING HE HOT IN SUCH FACILITY, GIVE STREET ADDRE	OME OR OTHER INSTITUTION	12ª USUAL OCCUPATION		TION
thin 24 hour filled incould be file		AL RESIDENCE (IF NURSING HOME OR CITATE 136, COUNT	OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADM TY 13, CETY OR TOWN	13d INSIDE CITY LIMITS?	13. STREET ADDRESS	Jestray	Road
MARYLAND cuted within 2 and 2 should It	14 FA	THER'S NAME PIRST M M M M M M M M M M M M M	DOLE Marrist	15 MOTHER'S MAIDEN NAM	WE	D6 h	sun
MORE, In and corn and corn the med		VAS DECEASED EVER IN U.S. ARM	MED FORCES? 166 SOCIAL SECURITY 168 366	NO 17 INFORMANT	marrist		Hrey Road
es that the dean conflicate by the attending physiciase remove carbon papers. y, or other traumatic even		PART I. DEATH WAS CAUSED	DUE TO, OR AS A CONSEQUENCE	or tare	roplata	APPROXIMENO	AATE INTERVAL INSET AND DEATH
20 gne ple bur	NO	PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO DEAT	H BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDIT	TION GIVEN IN PART 110	•
VITAL RECOR	CERTIFICATION	190 DATE OF OPERATION	198 CONDITION FOR WHICH OPE	RATION WAS PERFORMED		OD IF YES, WERE FINDIN N CERTIFYING CAUSES OF YES	
SSI YSI	1	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY	YEAR 1	RED (ENTER NATURE OF INJURY II	N ITEM 18, PART 1 OR PART 2)	
DIVISION C NDING PHY attending ph attending ph as the this c as the burial- alth and Men is marked or	MEDICAL	21d INJURY OCCURRED WHILE ONT WHILE OF AT WORK	218 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM,	ETC) 211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
or a or a constant or a consta		220 I certify that (II (this hospite saw the deceased alive on a above, (I) (we) (did) (did not	3/5/ 19/1		death occurred on the date		hat (I) (we) lost couses stated
DIR hos		226. SIGNATURE Victor) Sontto	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIA	NE 221. DATE	31/W
TO HOSPITAL retained by the TO FUNERAL should be detac with the State [IMPORTANT:		224 PHYSICIAN'S NAME ITYPE OR	tona -	220 ADDRESS	Hophins	Hospit	re
BP	d	surial, CREMATION, REMOVAL SPECETY Pemation		e of cemetery or crematory ecurity Proces	231/LOCATION CITY OR TOWN	COUNTY	STATE
DHMH-16 25M (VRA 15, 4) 1/79	K	irkley Funera ames S Kirkle	1 Home ADORESS Md	en Burnie AF	PR 02 1980	propay hel	Preody



a little and an a			
a mer	ar hozen	Ilmores - Lander Control	
	wild edemining		
		City Maryland (seneral mospitul	nerge timosse
	Et liniaget		
6 200		Corplrovancular Accident	
			2
		nowhooled down rouning	3
		nowlessed doesn't wante	
		no.1002163 dost? rounir	
	Waren 19	no.losini dosti ramin	
	Harch 19	rinary fract Assection Sarch II - 20	
	Harch 19	rinary Fract Astaction The state of the sta	



7		FOR STATE REGISTRAR		DEPART	STATE OF MARYI MENT OF HEALTH AND CERTIFICATE OF	MENTAL HYG	REG. NO	0 8 55	0 0
T.	W4 81	1. DECE ASED NAMI (TYPE OR PRINT)	JAMES	MiDale G	MARTIN	- Andrew	MARCH 18		2:.56R
4	0	3. SEX		RACE	S. DATE OF BIRTH	1902	6 AGE (IN YEARS LAST BIRT	YRS GAY	
0	1	70 BIRTHPLACE IST		USA-	WIDOWED D	ONORCED [BALTIN	ORE CITY	MD.
201		BA/12		1. NAME OF HOSPITAL, NURSIN	TOPKINS HO	SPITAL	170 USUAL OCCUPATION OF OF WORK FOR MOST O	FWORKING LIFE) INDUSTR	OF BUSINESS OR
Edted within 24 hour	y filled in ould be fil	13a. STATE	DA	OTHER INSTITUTION, GIVE RESIDENCE BEFORE 131. GITY OR TOV 2 SSEX	VN 136. INSIDE			KLANU AUE	
MARY COTTED WI	d completel	14. FATHER'S NAME	KgE N	NAKTIN LAST		FRET LANGE	So Labore		AST
TIMORE Te De exe	ian and c. Pages 1	(YES, NO OR UNKNO	DEVER IN U.S. ARM WN) (# YES, GIVE W	ED FORCES? 166 SOCIAL SECTION OF GATES) 129-05-1		Family	(OLORRS		
201 W. PRESTON ST., BAI	d by the attending physic asse remove carbon papers ial, cremation, or removal y, or other traumatic ever	PART I. DE	IMMEDIATE If any, which ta immediate stoting the	DUE TO, OR AS A CONSEQUE	ENCE OF ADNARY	INFECT AND RE	(all distances		LAMER INTERVAL
ECORDS, 20	te has been signed le permit. Then pleas ene prior to burial shows any injury,	NO LY 196 DATE OF	POST	OPERATIVE RE	CUPERATION	FROM			MENT DINGS USED
DIVISION OF VITAL RECORDS, DING PHYSICIAN: The law req	s certificat al-transit p en tal Hygi or Item 18	OR CONTRIBUTE	WAS UNDERLYING UNG CAUSE OF GEATH FY MEDICAL EXAMINER)	P.M.	AY YEAR		YES NO	YES T	NO []
DIVISION NDING PH attending	R: After this as the buri	AT WORK	NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.) 211 LOCAT STREE	TION	city or tov	VN COUNTY	state _, that (I) (we) last
TALERATTE y the hospital or	LI He	saw the obove, (1 22b SIGNATU	deceosed olive on (we) (did) (did nat) PRE	of attended the deceased fram. 19 3 view the body ofter death.	ond that in m	ATTENDING PHYSICIAN	MEDICAL STAL	FF 2	
TO HOSPI	TO FUNE should be with the SI		Ke	enneth Kern	m D	Johns t	topkins Hos	pital	
1507 BI	P	DURIA 24 FUNERAL DIREC		3-21-80	TARKWOOD LE	i w	10/4/11	256. REGISTRAPES SIGN	STATE
1507 BI	TO FUNERAL should be detacl with the State IMPORTANT:	22d. PHYSICIA 23d. BURIAL, CREM (SPECIFY) 24 FUNERAL DIRECT	(We) (did) (did nat) RE (N'S NAME (TYPE OR) ATION, REMOVAL	view the body ofter death. Lenneth Kern M PRINT) n n + Th Kern 1736 DATE 1736	DEGREE M D 220 ADDRI MANE OF CEMETERY OF AK WOOD LE	ATTENDING PHYSICIAN ESS Talms R CREMATORY	MEDICAL STAI DIRECTOR PHYSIC tophins Hos	pital	TE SIGNED

W the state of the Parties Time I are the first the Cartery Senter Tollands My Botto Free x 2004 Californ Has a Oscorge Monthson Tennis Sett 18 and Solas Lyan and with Mary Marketon Kill and man a see

90100S. CONKLING ST.

BALTIMORE, 21224, MD.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

26. HOUR

IF LINITED 24 NO

HOURS

126 KIND OF BUSINESS OR

HOUSE PAINEER

APPROXIMATE INTERVAL

NO [

STATE

IF UNDER LYEAR

AONTHS DAYS

INDUSTRY

YES [

COUNTY

COUNTY

sistery Malherdy

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATUR
MAR 1 U 1981

224 DATE SIGNED

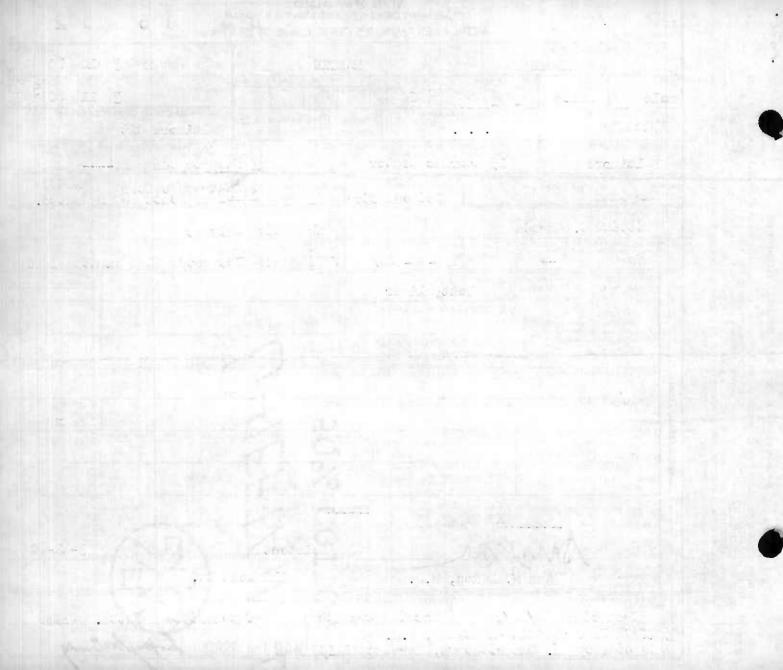
DHMH - 16 50M 7/77 (VR A 15 (4))

FOR - STATE

REGISTRAR

50		1473	A CANCO	
	72.	7011 872 101	SIIns	3.00
, the case	11.01.6		4/40.	a Uliquia Oli Chini
COURT PARTY	dan ran	CATHRON TH		, singularity that
. 1 21224.				to like the
	E. Dinional	BARAD		
.2.2.	3 CALE	M. T. T. M. (AC)	219-01-98	

. 4										AARYLA									
X			FOR STATE					MENT OF				13	1 2	Ü	6	7	0	2	
-/			REGISTRAR	FIRST		WE	MIDDLE	EXAMI	AEK.2	EKITF	CATEO	IF DEA		REG.			- "	7.0	
1			E OR PRINT)				WIDDLE		3.60	TANT			20. DATE OF	ESTI-		НТИО	DAY	YEAR	2b. HOUR
	ARY, PLEASE L DIRECTOR. YOUR FILES. V 72 HOURS ON STREET,	1		LLO			MARTIN DEATH MATED 🖾 3						_	10,9		N			
	PLE RECTE HO HO STR	3. SE		4 RACE	S. DATE	OF BIRTH	YEAR	6. AGE (IN Y		DER 1 YR.	IF UNDER	24 HRS.	2c. DATI	NCED	MC	NIH	DAY	YEAR	3:10
	SSARY, PRAL DIRECT YOUR YOUR HIN 72 HESTON ST		le	white	8-2	8-192	2.5		YRS.				DEA	D		3	1119		PM
	ECESSARY, INERAL DIR FOR YOUR WITHIN 72 PRESTON	7a. Bi	RTHPLACE (5) REIGN COUNTRY) ENTUCK	ATE OR	76. CITIZ	EN OF WI		ITRY?	MARR	ED NE	VER MARR	ED 🕥		MORE CIT			OF DEA	TH	
	A STATE OF S					U.S.			WIDOW		DIVORC			imor		-			MD
	AY IS NE THE ELL AGE 5 FILED W		TY OR TOWN			T IN SUCH FA	CHITY, GIVES	RSING HON		IER INSTITU	NOIT	12a. USI	UAL OCCL	PATION (TYPE OF W	/ORK 12	2b. KIND OR IN	OF BUS	INESS
	5000		Baltimo					s Cent				U	nost of wo	oyeed	d	-			
	A A B B B B B B B B B B B B B B B B B B	13a. S	TATE	(IF IN NURSING HOME		STITUTION, GI	13c. CITY	ORTOWN		13d. INSIDE	CITY LIMITS?	136.5STR	EET AGOR	ES& C	2n+a	22	2	1201	1
000			Marylar	nd			Bal	timore	City	-		NEK	#1908	Sour	thT	ower	rs B	alto	2.
2	E NA	14. F/	THER'S NAME		MIDDLE			LAST			ER'S MAIDE	NNAME		MIDDLE			LAS	T	
9	ME AND			om C. Mai	rtin						abell	a Co	alver						
5		16a. V	VAS DECEASEI	DEVER IN U.S. AR	RMED FOR		16b 500	CIAL SECURI	TY NO.	17. INFOR		A DMT	7.7	ADDRE	ESS				
0	WIRS AFTER WITH FOR WITH FOR I. PAGES 1 DIVISION		es, no, or unkno No				214-	20-35	37	7951	ETH M. Parke	e Wes	st Dr	ive (Flen	Bus	mie	210	061
	: 08 L		18 CAUSE O	F DEATH (Enter or	nly one cou	se per line	for (o), (b), ond (c).)						-			APPRO	XIMATE I	NTERVAL AND DEATH
10 10 10 10 10 10 10 10 10 10 10 10 10 1	N 24 HOL LITEM 18 ALONG A PERMIT. YGIENE, I		PARTIDE	ATH WAS CAUSE IMMEDIA	ED BY: ATE CAUSE	(0)	Fatty	liver											
5			57	18		UE TO, OR	AS A CON	SEQUENCE	OF										
90	TED WITHIN 24 HC A PENCIL IN ITEM STAMINER ALONG MAINTAL TRANST PERMI MENTAL HYGIENE OR REMOVAL.			ns, if any, which se to immediate		(b)													
3	Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z			stoting the under		JE TO, OR	AS A CON	SEQUENCE	OF										
5	ECUTED WITHIN ST. IN PENCIL IN AL EXAMINED BURIAL-TRANSIT AND MENTAL HY		iyilig coo	36 1031.	((c)												100	
2	UID BE EXECUTED BE		PART 2 OTHER SIG	GNIFICANT CONDITIONS	CONTRIBUTION	NG TO DEATH	BUT NOT RELA	TEO TO THE TER	MINAL DISEAS	E OR CONDITIO	N GIVEN IN PA	RT 1 (a).							
3	UID BE ENDINGE MEDINGE AS A HEALTH	O																	
0	HIEF / USED OF HE / CRE	CAT	19a. DATE OF	OPERATION	. 19	b. CONDIT	TION FOR	WHICH OPE	RATION W	AS PERFO	RMED?						20. AUT	OPSY?	
A TO	SHO ORD ORD ORD ORD ORD	TE								l Car							YES		NO 🗌
2	SEN BEN S	CER	21a. EXTERNA	L CAUSE WAS		b. TIME OF		DAY YEA	2 le. He	OW INJURY	Y OCCURRE	D (ENTER	NATURE OF IN	JURY IN ITEM	18 PART I	OR PART	2)		513
2	THE TOTAL	CAL		NG CAUSE OF		P.M		19	· ·										
PRINCIPAL DECORDE 201	CERTIFICATE SHOUTING THE WORD " SEE 3 SHOULD BE USE DEPARTMENT OF PRIOR TO BURIAL, C	MEDICAL CERTIFICATION	21d. INJURY C	CCURRED	21		OF INJURY	(AT HOME,		CATION			CITY OR TO	N/N/		COUN	ITY		STATE
2	THIS CER WARDED PAGE 3 S STATE DEP	2	AT WORK	NOT WHILE			on, rann, c	10.1		, THE CO			CITORIC	, , ,		COOK	150		STATE
	2 S S S S S S S S S S S S S S S S S S S		22a. Lcertif	y that I took char	ae of the re	emoins des	cribed obc	ve held on	Autop	« X	Inspection	, [].	Inquiry	П	and in	my opin	nion		
	49 E - Z		deoth resulte		iral causes	K.	Accident		uicide		cide .		ermined m		7.	пу орт			
V	CAM ERTIFE D B IREC VITH RYLA		deom reson.	A	- 4		Accident	<u> </u>	oicide []		SPECIFY)	Olidei	eriiiiied iii		٦,				
	MAN VANA		ACTUAL SIGNATURE	MM	NA	M	1		AA		istant	MED	ICAL EXA	MINIED	D	ATE	3-	12-	80
	SH S		1	3 0.4	1	1	-				-				3	IGINED.			
	PER DANGE		EXAMINER'S (TYPE OR PRIN	NAME A	nn M	Dix	on, M	.D.		ADDRESS_	111	. Pen	n St						
	TO MEDICAL EXAMINE EXECUTE THE CERTIF PAGE & SHOULD BE TO FUNERAL DIRECT AFTER DEATH, WITH BATTIMORE, MARYLAN	2B	URIAL, CREMA	TION, REMOVAL	23b. DATE		23c. I	NAME OF CE	METERY C		ORY	23d. LC	OCATION OR TOWN						
	BP	(5	PECIFY)	ation	3/13/	180	Wo	stvier	o Cron	natom	y ·		ONSU	1.7.70	R	COUNTY		STA 2722	
041	DHMH - 17	24 F		YERS FUN							25a. DATE	REC'D. BY	REGISTR	AR 25b. R					
010	(VR A15 ME (5)) 15M 7/77	82	28 Tih	erty Rd.	Ranc	101.1.0	town	Mami	land s	27133	MAR 1	1 1	1980	hi	May	Me	Cres	4	
	19111777		200	1100	2.500		- CWIVE						WALL.		1		-	1	

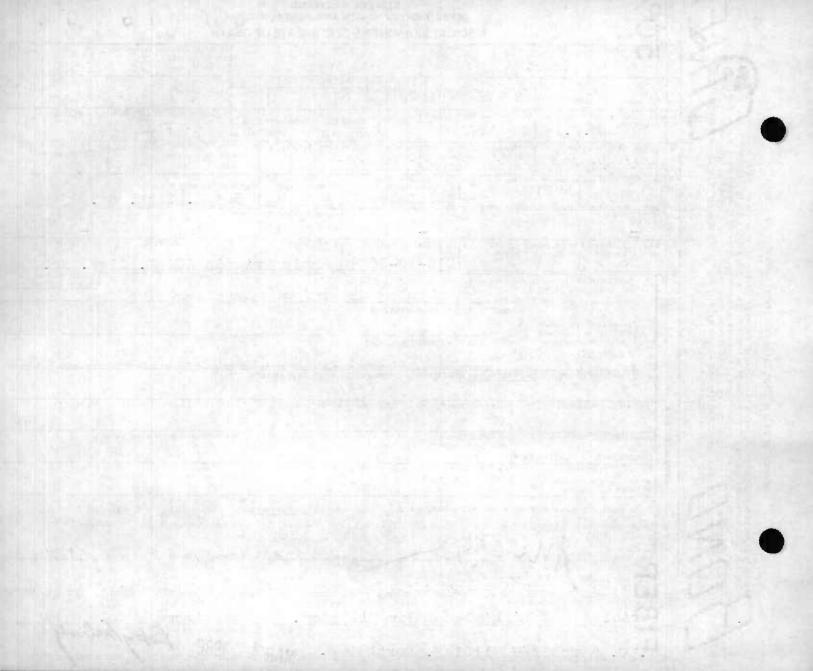


Herbert E. Nutter 3035 W. North Ave.

(VRA 15, 4) 1/79

Following 30 00 thresh 3

Lawledge . I See a com . But a coll



In layout for and will fill it it it do simplified upout north will

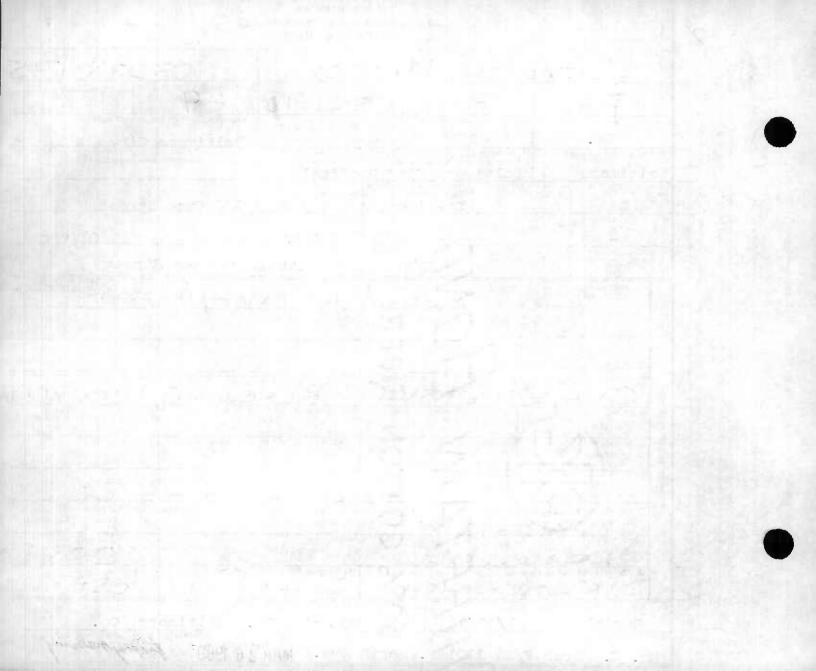
o Camas hnelvn Intim of which whall be omitted reden [fando] . yes/ rent-Sorial 3/15/1930 Sagred - ot offer limore, Corrigns T. Trumen Schweb 3512 re erick Lv. .

				STATE OF MARYLAND		
The state of the s	1.	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	6907
(BAY		CEASED NAME FIRST	MIDDLE	LAST		DAY YEAR 26. HOUR
A ROLL	{ I YPE	OR PRINT) JO	HN I MATTE	SMATES	3/25/80 3.	2580 14 4
may page	3 SE		RACE	5. DATE OF BIRTH	& AGE (IN TEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
age 4 ector s afte	n	TOLE V	DHITE	Jaky 7 1896	83 · YRS	MONTHS DAYS HOURS MIN
The Paris Paris Property Prope	Ta BI	RTHPLACE (STATE OR FOREIGN 76 DUNTRY)	CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	BALTIMORE CITY OR COUNT	Y OF DEATH
des no 72	m	1RYLAND	U.S.A.	WIDOWED DIVORCED	BALTIMOR	e <1/7 MD.
urs after by the f	10 0	ALTIM OF DEATH	NAME OF HOSPITAL, NURSIN	AG HOME OR OTHER INSTITUTION ADDRESS)	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LI	12b. KIND OF BUSINESS OR FE) INDUSTRY
Properties of Files	USU	AL RESIDENCE (# NURSING HOME OR OT) TATE 1136 COUNTY	HER INSTITUTION, CONT. III JURIS C. III ON	I ADMISSIONS		
MARYLAND 2120 uted within 24 hou mpletely filled in b and 2 should be filed	114	RYLAND	BAKTIM	ARE YES & NO [130 STREET ADDRESS	POSE ST
AARYLA ted with hpletely id 2 shou	14. FA	THER'S NAME	DIE LAST	15 MOTHER'S MAIDEN NA	115 MIDDER	10 Kal 2
complete and		VAS DECEASED EVER IN U.S. ARME		URITY NO 17 INFORMANT	ADDRESS	KAULB
ificate be executive terms. Ages 1 a poval.	a	(IF YES, GIVE W)	21907 S	792A CATHERIN	E MATTES	704 S. ROSE ST
fricat fricat oval.	4	18 CAUSE OF DEATH (Enter only of PART I. DEATH WAS CAUSED B	ane cause per line for (a), (b), ar	dicu	,	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		IMMEDIATE (eral Preumone	~	
S C C C C C C C C C C C C C C C C C C C		4-36-	DUE TO, OR AS ACONSEQU	1 (1/4		
The attraction of the control of the		Canditions, if any, which	(b) Reci	irrent cons		
K that		cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQU	ENCE OF		
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., DING PHYSICIAN: The law requires that the death certaining physician. After this certificate has been strated by the attending picture of the owner of the owner of the owner. The owner of the picture of the owner owner.		PART 2 OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION GI	VEN IN PART I(a)
law re law re been s been s s any i	Ş			***************************************	Tan Allyoneva Tan IE VE	S, WERE FINDINGS USED
OF VITAL RECO	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CERTI	FYING CAUSES OF DEATH?
ITAN: IAN: ian. ficati psit p	ER	21a. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		RED (ENTER NATURE OF INJURY IN ITEM 18.	
PHYSICIAN ng physician. the certificat white rensit p Mental Hygii		OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. MONTH D	AY YEAR		
SION of the state	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY	211 LOCATION	CITY OR TOWN	COUNTY STATE
DIVISION PENDING PH or attending It see the pu real the pu	\$	WHILE NOT WHILE AT WORK	(AT HOME, STREET, PACTORY, OFFICE,	FARM, ETC.)		37712
TENI I or at I or at Heal		220.1 certify that - (this haspital	attended the deceased fram.	1/22 19 80)	1980, that (we) last
ATT ATT Sittal		saw the deceased alive an above, (1) (we) (did) (did nat) v	view the body after death.		death accurred on the date and ha	
ALON AT the hospital AL DIRECT tached (in te Dept. or		226. SIGNATURE		DEGREE ATTENDING	MEDICAL STAFF	27 DATE SIGNED
		allest of	noll	PHYSICIAN [3/23/80
HOSPIT ined by 1 FUNER/	13	224. PHYSICIAN'S NAME (TYPE OR PR	RINT)	226 ADDRESS	2	
TO HOSPIT retained by TO FUNER should be di with the Sta		Elliot 3	I STAR	601 N BR	JADURY Jul	471) 2(20)
6 120	73a	WEIM CREMATION JEMOVAL	3/20/80/1	TAME OF CEMETERY OR CREMATORY	23d LOCATION OR JOWN /	COUNTY M STATE
// (CBP	24 E	JNERAL DIRECTOR / /	1801000	ACA DA BA DA	TE REC'D. BY REGISTRAR 256. REGIS	
DHMH-16 25M (VRA 15, 4) 1/79	R	ATMOND L. KA	CZORNIUSKI	FLEET ST. APR	7 1980 Fret	ray helredy

To the control of the 4 . 111 941 7.0. 4 5 C processed in the second second

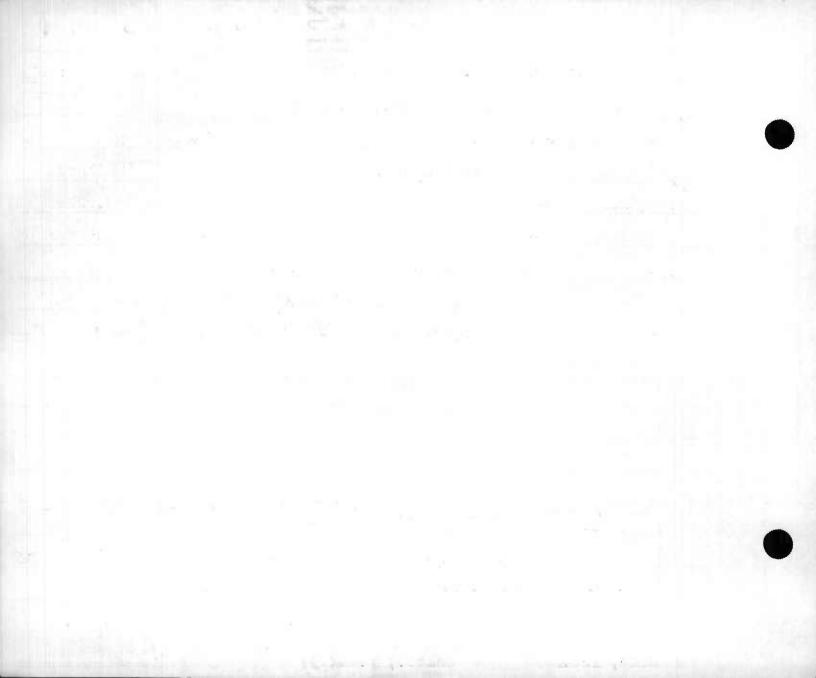
	1				STAT	E OF MARYLAND				
6	1 -	FOR STATE REGISTRAR		DEPARTI		EALTH AND MENTAL HYGI	REG. NO	0 6	9 0	8
		CEASED NAME FIRST	an ì	AIDDLE	M	ATTHENS	20 DATE OF DEATH	MONTH DA	Y YEAR PO	8:45 AM
(NO)	3 SE	F	4 RACE	V	5. DATE O	OF BIRTH	6 AGE (IN YEARS LAST BIRT		UNDER 1 YEAR	HOURS MIN
10 10 35	C	RTHPLACE (STATE OR FOREIGN DUNITY) Maryland		S.A.	MARRIE WIDOWE	D NEVER MARRIED D	9 BALTIMORECITY <u>o</u> Baltim	_	OF DEATH	MD.
the f		Baltimore	(IF NOT IN SUC Ba	Itimore	ADDRESS)	y Hospitals	120 USUAL OCCUPATION OF WORK FOR MOST OF WORK FOR MOST OF HOMENAK	WORKING LIFE)	126 KIND C INDUSTRY ho	DF BUSINESS OR
LAND 212	13a Ş	AL RESIDENCE (IF NURSING HOME OF TAJE 136 COUP	OTHER INSTITUTION	Balto.	E ADMISSION) 'N	13d. INSIDE CITY LIMITS? YES A NO []	307 S. F	agley	Stre	et
MARYLA ed within mpletely ond 2 sh	14. FA	THER'S NAME Ben jamin	MIDDLE	Waylan	d	15 MOTHER'S MAIDEN NAM	MIDDLE		Ktrb	У
IMORE, M.	16a V	VAS DECEASED EVER IN U.S. AR ES, NO OR UNKNOWN) (IF YES, GIVI	MED FORCES? E WAR OR DATES)	219-14-		Mr. Glenwo	ood Matth	-	7876	Ha ro ld R
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 NG PHYSICIAN The low requires that the death certificate be executed within 24 hours ottending physician. After this certificate has been signed by the ottending physician and completely filled in by as the burnel-transit permit. Then please remove corbonopapers. Pages 1 and 2 should be filled to and Mental Hygiene prior to burnal, cremotian, or removal. And Mental Hygiene prior to burnal, cremotian, or removal. And Mental B shows any injury, or other traumatic event, the medical explainmentus be agained as the property of th	z	18 CAUSE OF DEATH Enter or PART I. DEATH WAS CAUSE IMMEDIA! Conditions, if any, which gave rise to immediate couse to, stating the underlying couse lost. PART 2 OTHER SIGNIFICANT (DUE TO, OF	R AS A CONSEQUI	ator	Arrest NOT RELATED TO THE TERMI	NAL DISEASE OR CONT	DITION GIVER		IMATÉ INTERVAL ONSET AND DEATH
TAL RECORI	CERTIFICATION	19a DATE OF OPERATION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, IN CERTIFYI	WERE FINDING CAUSES	NGS USED OF DEATH?
ON OF VITAL RE HYSICIAN The id ding physicion. is certificate has buriol-tronsit per Mental Hygiene or frem 18 shows		21a ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DEA		M. MONTH D	AY YEAR	21c. HOW INJURY OCCURR			T 1 OR PART 2)	
DINISTON DING PHYS or attendin After this of the but on the but of the but morked or t	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE ((AT HOME, STR	OF INJURY EET, FACTORY, OFFICE, I	ARM, ETC.)	21f. LOCATION STREET	CITY OR TOW	TH.	COUNTY	STATE
R ATTENDI hospital or IRECTOR. A hed for use ept. of Heol item 21 is m		220. I certify that A (this haspi saw the deceased alive an above, (1) (we) (and) (did no 22b. SIGNATORE	4/-			nd that in (#) (our) apinian d			ond from the	
HOSPITAL ined by th FUNERAL vid be dete on the State		22d. PHYSICIAN'S NAME (TYPE O	R PRINT) (MAN)			ATTENDING PHYSICIAN D	MEDICAL STAF	IAN 😭	O East	ten Am
7609 BP	1	URIAL, CREMATION, REMOVAL	3/10/			emetery or crematory wn Cemetery	23d LOCATION CITY OR TOWN Baltim	ore,		
DHMH - 16 60M 1/75 (VR A 15 (4))		INERAL DIRECTOR NAME ANNINO FUNETS	al Home	ADDRESS 263 S	. Co	nkling St.M.	R 1 0 1980	25b. REGUER		Credy

date di value . Y A TOTAL STREET Mail in Markett conflicters and Alexanders and interest of the second



P.		1-	FOR STATE	DEPAR	STATE OF MARYLAND TMENT OF HEALTH AND MENTA CERTIFICATE OF DEATH		6910
			REGISTRAR CEASED NAME FIRST OR PRINT)	WIDDLE	LAST LAST	REG. NO.	I I I I I I I I I I I I I I I I I I I
M		3 SEX		4 RACE	5. DATE OF BIRTH MONTH DAY YEA	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
ath Fog	2	CC	RTHPLACE (STATE OR FOREIGN DUNTRY)	76 CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIEL	BALTIMORE CITY OR COL	
ofter the fu	29 July 20 Jul	_	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS PURPONI IN SUCH FACILITY, GIVE STRE	WIDOWED DIVORCEE ING HOME OR OTHER INSTITUTIO		12b. KIND OF BUSINESS OR
AND 2120] in 24 hours of filled in by filled in by the filled in by	35	USU/ 13a S	LE RESIDENCE (IF NURSING HOME OR TATE 136 COUN	OTHER INSTITUTION GIVE RESIDENCE BEF	DRE ADMISSION)	ITS? 130 STREET ADDRESS	tare
RY with with 32 s	C.C. Miner	14 FA	THER'S NAME PIRST	MIDDLE BOOK	15. MOTHER'S MAIDE FIRST New man	1 100	Mayo
	medicol			MED FORCES? 166 SOCIAL SEC E WAR OR DATES) 230-20-	CURITY NO. 17 INFORMANT	Maye III 25	FOI Violet Ave 3-D
V ST., BAL1 certificate It mg physicic bonpapers	event, the		PART I. DEATH WAS CAUSE	nly one cause per line for (0), (b), on BY: TE CAUSE (0) A CUTO	Myocardial -	Infanction	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 25 MINUTES
PRESTON : the deoth ce the ottending remove corb emotion, or r.			Conditions, if any, which	DUE TO, OR AS ACONSEO	Wence of whice Cardio	ivascular Piseo	se unknown
	other	r	gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEO	JENCE OF		
		NOIL		conditions contributing to Deaber	DEATH BUT NOT RELATED TO THE MULTUS	TERMINAL DISEASE OR CONDITION	
ral RECOR	Suoms on	CERTIFICATION	19a. DATE OF OPERATION		H OPERATION WAS PERFORMED	YES NO	F YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YESNO
N OF VI	9	EDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONTH P.M.	DAY YEAR	CCURRED (ENTER NATURE OF INJURY IN ITEA	M 18, PART 1 OR PART 2)
DIVISIO ING PHY or offer this os the bi	тогкедаг	MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE		CITY OR TOWN	COUNTY STATE
Spitol CTOR: for us	5 7		22a.1 certify that (1) (this hospit saw the deceased alive an above 11 (we) (did) (did no		60 , and that in (my) (our) op	pinion death occurred on the date onc	
	I I I I I I I I I I I I I I I I I I I		22d. PHYSICIAN'S NAME (TYPES)	Janu J	DEGREE MID ATTENDI PHYSICI 228 ADDRESS	NG MEDICAL STAFF	3/13/80
TO HOSPITAL retained by the TO FUNERAL should be detained to the total the State with the State to the TO FUNERAL should be State to the State to the TO FUNERAL should be State to the TOTANT.	MFOX	12. 0	Mack	Bonner, Jr.	M.D. Pro	ovident Hospital	2600 Liberty Hts.
1512BP		7.	URIAL, CREMATION, REMOVAL	3/ /80 Ta	hernoell engl	ORY 23d LOCATION BY REGISTRAR 25b. RE	STATE STATE
DHMH - 16 50M 1/76 (VR A 15 (4))		16	95/1, Portell.	F/4 31971, Sch	roeder St	MAR 1 8 1980	it my Mabredy

The state of the s The second of th



Baltimore, Maryland

STATE OF MARYLAND

FOR

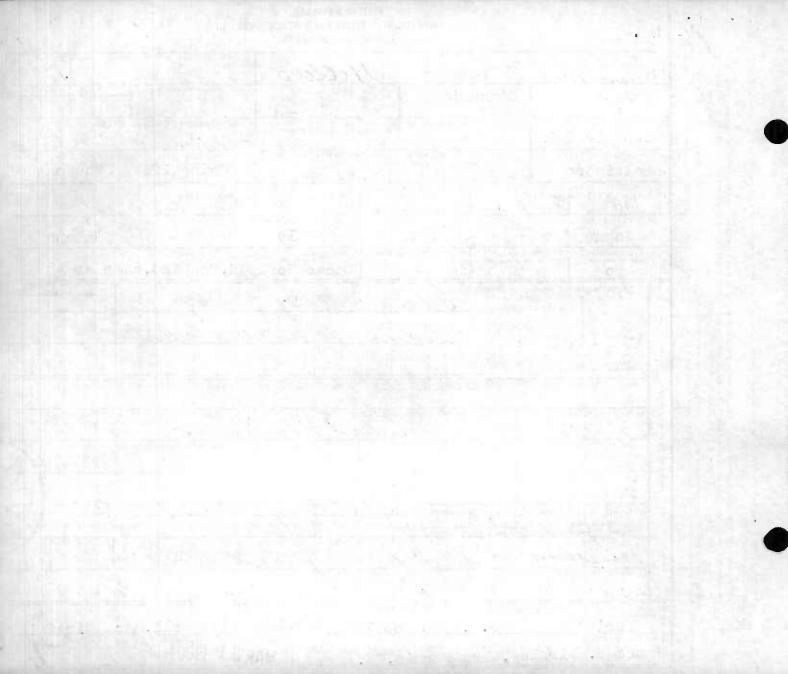
Leonard J. Ruck. Inc.

(VR A 15 (4))

one to the second of the secon 6 Leur Mintee 1997 23, 1991 = 198 x .k.r. besivies will theory of the eclianore with Sharmon Trive E14.45. x enomintes 3017 Charmon artive 7-0-1 212-00-0349 smill . However 1901 Gudley Avenue Pr. Advin . Wiel r. ... 3600 - Terr W. Mithem , Mc. business officencis. See that execution 0.01 S rel Estrole to the men of the same of the same of

7	1.	FOR STATE REGISTRAR		DEPART	MENT OF H	E OF MARYL EALTH AND ICATE OF	MENTAL HYG	REG. NO	0 6 9	1 3
		CEASED NAME FIRE	. 21	OWARD M	CCA	ulfy	(SR)	IL DAIL OF DEATH	MONTH DAY YEAR	4,25 AM
	1. SE	nale.	4 RACE	2.	S. DATE C		YEAR 90	6 AGE (IN YEARS LAST BIRT		EAR IF UNDER 24 HRS AYS HOURS MIN.
25 27 2 kg at		RTHPLACE (STATE OR FOREIGN	6	EN OF WHAT COUNTRY	? 8 MARRIEI WIDOWE		MARRIED	9. BALTIMORE CITY O	-	ity MD.
System in the full state of th	10 C	ALTO CITY		ME OF HOSPITAL, NURSION IN SUCH FACILITY, GIVE STREET			NOITUTITE	120 USUAL OCCUPATE (TYPE OF WORK FOR MOST O	ON 12b. KIN F WORKING LIFE) INDUST	D OF BUSINESS OR TRY Ctrical
eithin 24 hour eithin 24 hour 32 should be 1	130 S	AL RESIDENCE (IF NURSING H STATE 13b. A 1 + 0 . ATHER'S NAME FIRST	OME OR OTHER INS		ORE ADMISSION)	136. INSIDE	CITY LIMITS? NO OR MAIDEN NAMERS FIRST		Inmeda	Blud.
ME, MAI wecuted , and completed one dicol ever		Samuel I		RCES? 166 SOCIAL SEC	URITY NO.	17. INFORM		beth Mules ADDRE	3600 1	<u> </u>
requires that the deoth certificate as signed by the ottending physici. Then please remove corbanapper or to burial, cremotion, or removal, injury, or other traumotic event, the	NO	PART I. DEATH WAS COMMITTED IN THE PART I. DEATH WAS COMITTED IN THE PART I. DEATH WAS COMMITTED IN THE PART I. DEATH WAS	DU ich ost.	E TO, OR AS A CONSEQUENCE TO, OR AS A CONSEQUENCE TO, OR AS A CONSEQUENCE TO THE PROPERTY OF T	UENCE OF	NOT RELATE	ED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN PAR	T 1(a)
At RECOR	CERTIFICATION	198. DATE OF OPERATION	196	CONDITION FOR WHIC	H OPERATIO	N WAS PERF	ORMED	200 AUTOPSY?	20b. IF YES, WERE FIN IN CERTIFYING CAU YES	
DINISION OF VITAL RECORDS, DING PHYSICIAN: The low requir or attending physicion. After this certificote hos been sig et as the burial-tronsit permit. Then olith and Mental Hygiene prior to b marked or Item 18 shaws ony injury	MEDICAL CER	21a, ACCIDENT WAS UNDERLY! OR CONTRIBUTING CAUSE (IF ETHER, NOTIFY MEDICAL EXI 21d. IN JURY OCCURRED WHILE ATWORK NOT WHILE ATWORK 22a. I certify that (1) (this	OF DEATH AMINER) 21e. (AT	TIME OF INJURY OUR A.M. MONTH P.M. PLACE OF INJURY HOME, STREET, FACTORY, OFFICE	19 , FARM, ETC.)	216. HOW I	ION	CITY OR TO		STATE, that (1)-(we) lost
HOSPITAL OR ATTEN index by the hospitol FUNERAL DIRECTOR. UID be detoched for us the State Dept. of He ORTANT: If Hem 21 is		sow the deceosed all obove, (I) (we) (did) (22b. SIGNATURE	did not) view t	19	, 0	DEGREE	ATTENDING PHYSICIAN	MEDICAL STA	22c. D	ATE SIGNED
BP Set & Set of the se	23a	BURIAL, CREMATION, REM	OVAL 23b. 0				R CREMATORY	236 LOCATION CITY OR TOWN Woodlawn.	Balto. Co	STATE Md
09030HMH - 16 25M (VR A 15 (4)) 9/74	24. F	UNERAL DIRECTOR NAME itchell-Wied		ADDRESS	6500 Y	ork Ro	25e. DAT	E REC'D. BY REGISTRAR		chisty

Individual ourist capril i, 180 Longaley and loss too last, alto, 19., g. iscall-light of the sale, inc. Delainors, id. AFR 1880 see see see Sour Toxic lun.



completely filled in by the fu s I and 2 should be filed with

corbonpopers. Pages 1

iol-transit per

should be detached for use as the burial-transity with the State Dept. of Health and Mental Hygi

TO FUNERAL DIRECTOR: After etoined by the hospital or

marked or Item 18 sh

MPORTANT: If Item 21 is

injury, ar other traumotic event, th

	STATE OF MA
FOR	DEPARTMENT OF HEALTH
STATE	

RYLAND PARTMENT OF HEALTH AND MENTAL HYGIENE

0	6	9	1	9
NO				

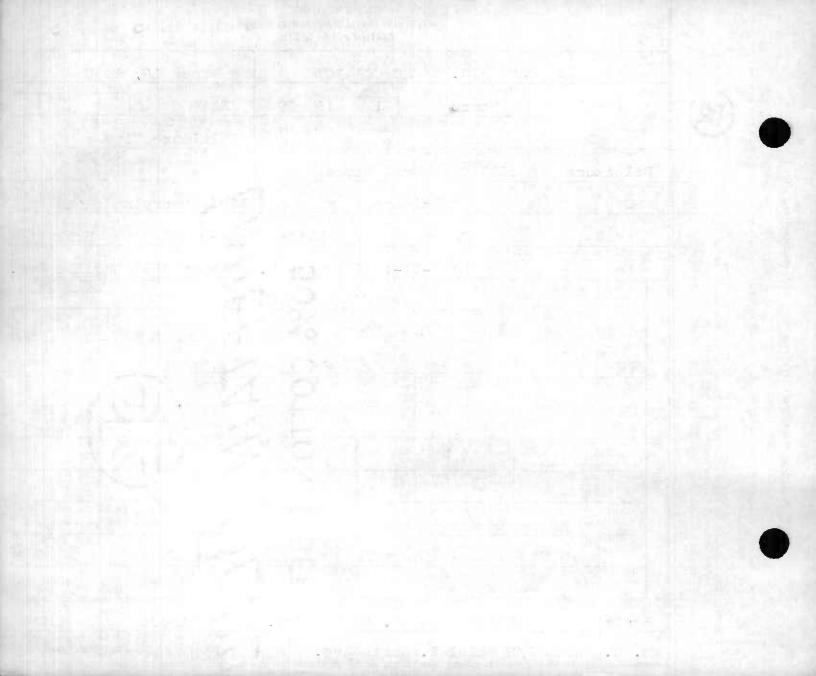
REGISTRAR		CERTIFICATE OF DEATI	REG. NO.	
1. DECEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
DOROT	HY D.	MC CORMICK	March 19	. 1980 M
3. SEX	4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 HRS.
Female	Negro	1 16 2 16	9 51 YR	MONTHS DAYS HOURS MIN.
70 BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUP	MARRIED NEVER MARRIE	9 BALTIMORE CITY OR COUN	NTY OF DEATH
MD	USA	WIDOWED DIVORCE	D-713	City MD.
Baltimore	(IF NOT IN SUCH FACILITY, GIVE	IURSING HOME OR ÖTHER INSTITUTIO STREET ADDRESS) Edral Street	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN	G LIFE) 12b. KIND OF BUSINESS OR INDUSTRY
USUAL RESIDENCE (IF NURSING HOME OR 130. STATE 136 COUN	TY 13c CITY OF	imore 13d. INSIDE CITY LIM	3204 Cherry:	land Road
Dayid	Jones	Alice	(Jones)	Brown
	WAR OR DATES)	SECURITY NO 17 INFORMANT	ADDRESS	
No	218-	-22-182\$ Yvonne	T. Delaney 3533	B Lucille Ave. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DUE TO, OR AS A CONS	10000	Carcinoma E TERMINAL DISEASE OR CONDITION	GIVEN IN PART 1(g.
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196. CONDITION FOR W	VHICH OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO
OR COLUMNIC COLUMN	21b. TIME OF INJURY HOUR A.M. MONTH P.M.		OCCURRED (ENTER NATURE OF INJURY IN ITEM	IB, PART I OR PART 2)
OR CONTRIBUTING CAUSE OF DEAL (IN JURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, C	OFFICE, FARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
22a.1 certify that (1) (this hospit sow the deceased olive on abave, (1) (we) Jajid) Jajid not	3/12	-013	pinian death occurred on the date and	1 /
22b. SIGNATURE	Contera		ING MEDICAL STAFF	3/20/88
22d. PHYSICIAN'S NAME (TYPE OF	endergrass	1200 ADDRESS	ofte St. Baltin	nove, 2/205
230 BURIAL, CREMATION, REMOVAL	23b. DATE	23c. NAME OF CEMETERY OR CREMA	CITY OR TOWN	COUNTY
Burial	3/26/80	Mt. Auburn Ce	m. Baltimore	MD

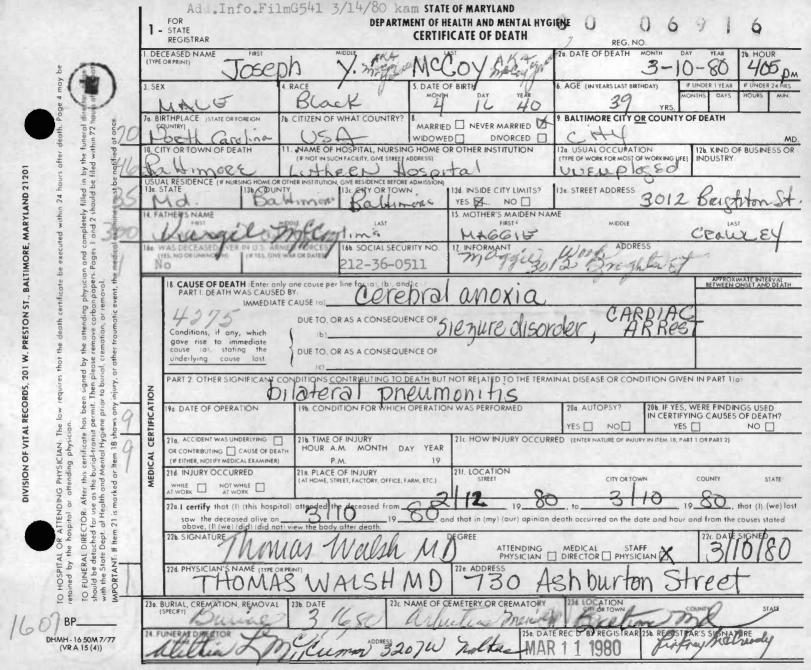
DHMH - 16 50M 1/76 (VR A 15 (4))

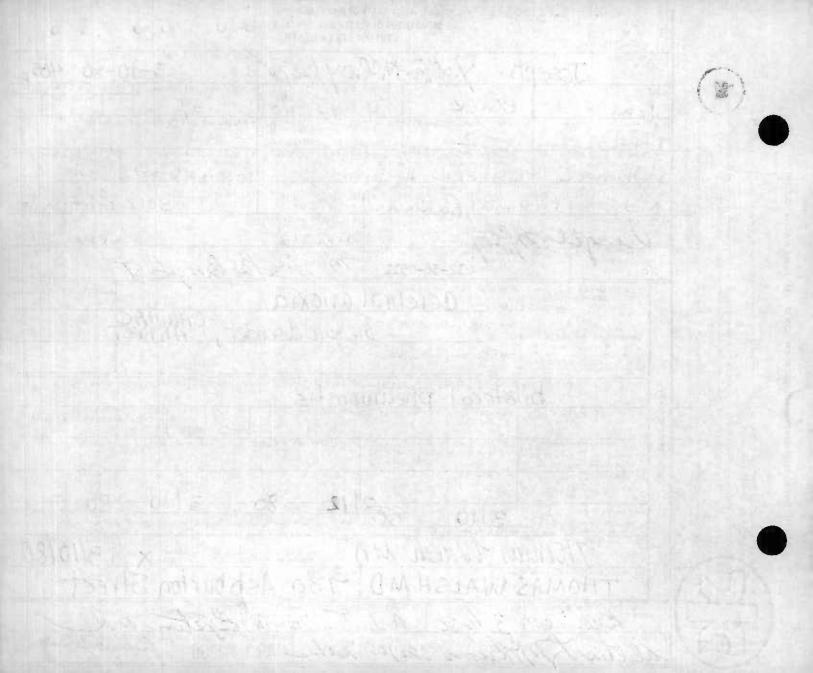
O HOSPITAL OR ATTENDING PHYSICIAN: The la

3/26/80 24 FUNERAL DIRECTOR
Wm . C . Ma 1101 E. North Aye. March F/H

Baltimore Mt. Auburn Cem. 25a. DATE REC'D. transsignature

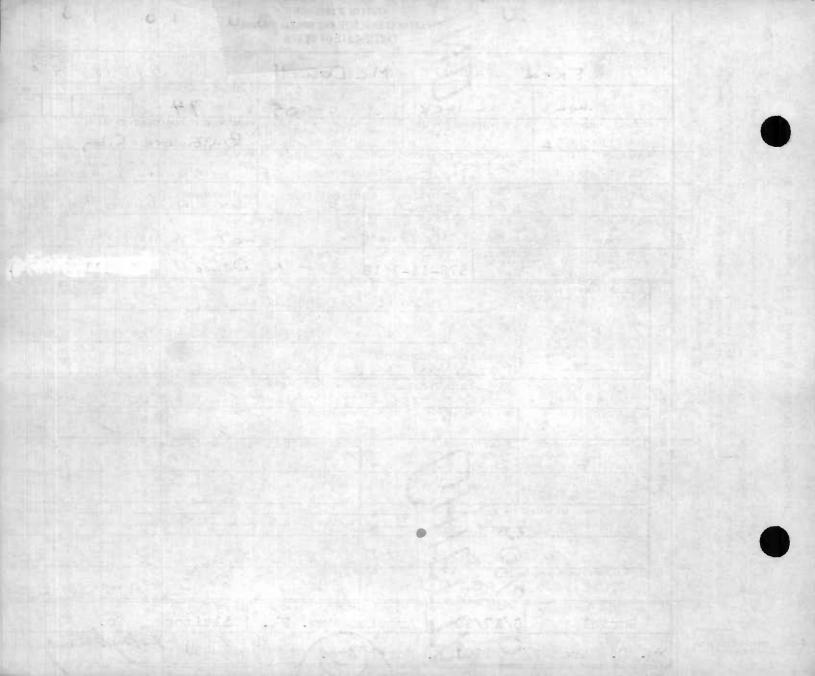






8	1.	FOR STATE REGISTRAR			EALTH AND MENTAL HYS	IENE() () 6	9 1 7
pe ⊈		CEASED NAME STEFFETA	McDON'00G	H (ZINZELE	TA-PUTINSKI)	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
You	3 SE	x = 5/6/	4 RACE	5. DATE O		6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HR
4 (2)	0.02	I	White	MONTE	DAY YEAR	0.0	MONTHS DAYS HOURS MIN
bo d	Jn 81	/ emale	76 CITIZEN OF WHAT		st 22, 1899	80 YE	
4 12 50	C	OUNTRY)		MARRIE	D NEVER MARRIED	Baltimore	
de de de		Pennsylvania		WIDOWE	DROTHER INSTITUTION	120 USUAL OCCUPATION	12b KIND OF BUSINESS C
rrs offer		Baltimore	City Hosp	y, GIVE STREET ADDRESS)	- CANALA MAGNIONO	Self employed	IG LIFE) INDUSTRY
BALTIMORE, MARYLAND 21201 cote be executed within 24 hours systican and campletely filled in trapers. Pages 1 and 2 should be filling vol. it, the medical examines must be	13a :	ALRESIDENCE (IF NURSING HOME OR STATE 13b COUN ryland	ITY 13c CI	SIDENCE BEFORE ADMISSION) TY OR TOWN TIMORE	13d INSIDE CITY LIMITS?	13e STREET ADDRESS 4915 Bel Air	Road
YLA YLA ithin thin thin thin thin thin thin thi		THER'S NAME			15 MOTHER'S MAIDEN NAM	ΛE	
d was		John ,	widdle Kalok	itis	Mary	MIDDLE	anhauskas
cute cute	16a V	VAS DECEASED EVER IN U.S. AR		OCIAL SECURITY NO.	17 INFORMANT ELLI		21043
be executor and and construction and con	(YES, NO OR UNKNOWN) (IF YES, GIVE	WAR OR DATES)	-46-6933			Greenway Drive
		18 CAUSE OF DEATH Enter on PART I. DEATH WAS CAUSE	D BY.	10, (b), ondic	au. F		BETWEEN ONSET AND DEATH
W. PRESTON ST., to the death certification by the attending phise remove carbonp. Cremation, or remother traumatic ever		Conditions, if any, which gove rise to immediate cause 101, stating the underlying cause last) (b)	CONSEQUENCE OF	_		
requires the signed be 1. Then pleas or to burial, are y injury, as a	TION	PART 2 OTHER SIGNIFICANT C					
AL RECO	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION F	OR WHICH OPERATIO	n was performed		YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO
DE VITA CIAN: T physici physici physici physici physici physici physici	1	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA			21¢ HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN ITEM	18, PART 1 OR PART 2)
DIVISION OF VITAL RECORDS, NG PHYSICIAN: The low require, ottending physicion. Wher this certificate has been sign os the buriol-transit permit. Then the and Mental Hygiene prior to be orked an Hem 18 shows any injury	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJI		21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
or or see of the man		22a.1 certify that (I) (this hospit	ol) ottended the deced	osed from		_, to _ 3 · 2 7 · 8	219, that (1) (we) la
TTEN TOR For u		sow the deceased alive on above, (1) (we) (did) (did no	3-27	19.80,01	nd that in (my) (our) opinion o	leath occurred on the date and	hour and from the couses stated
the bass L DIREC stacked the Dept.		22b. SIGNATURE	· Marle		DEGREE ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIAN	221. DATE SIGNED
TO HOSPITAL retained by the TO FUNERAL should be det with the State with the State HAPORTANT:		22d. PHYSICIAN'S NAME HYPE OF	PRINT)		22e ADDRESS (+	J DIRECTOR PRISICIAIN	
5 5 5 7 ₹ 3 ₹	23a E	BURIAL, CREMATION, REMOVAL	23b. DATE		EMETERY OR CREMATORY	23d. ŁOCATION	COUNTYSTATE
122BP		Burial	3/31/80		ly Redeemer	Baltimore,	Maryland
DHMH - 16 60M 1/75	24 FI	UNERAL DIRECTOR 1630	Edmondson A	Was, Cator	sville, Md ^{250. DATE}	REC'D. BY REGISTRAR 25b. REC	SISTRAR'S SIGNATURE

THE THE PARTY OF T entrine mer var en The second secon the organization care a district of the control of The sales are the sales and the sales are sales and the sales are Partie to as the form of the control of the control



1.6447 SALTS LOCAL DESTRUCTED CONTRACTOR ASSET ASSET MES. PRIVATE THEST ... FORSEY HALL VES I HAVE NOT BE OF THE PERSON OF SERVICE THE PROPERTY The state of the s

	0.01010			
3 19 1980		08/014		
37	22 1992		5Å) (0.	els.
lilesee .ity				. b.:
oil oils as so .	30%	4201 (Lieron tve		Boltimore
e201 ploccoomes		paltimore		.00
Nosale	Virginia	9515.1	J.R	é onta u
402 Hortiway	Carlotte Mayden	45/5-94-414		Off
.ltimm,	с удэлиро Іла			loisus.
		. 15000001.	ereld Tone	aitomallied

TO HOSPITAL OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 retained by the hospital or attending physician.

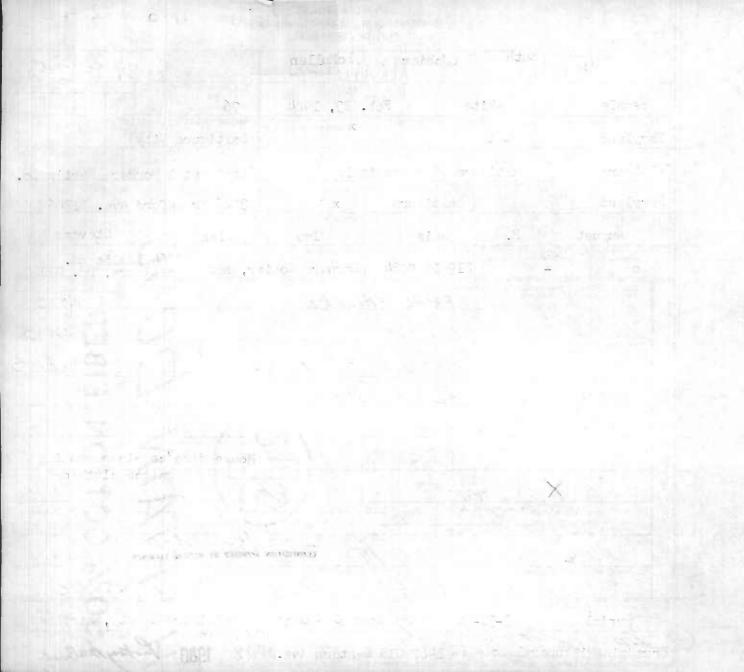
		1.	FOR STATE REGISTRAR		DEPARTI		EALTH AND MENTAL HYGI ICATE OF DEATH	REG. N	0 5	9	2	
		I. DE	CEASED NAME FIRST		AIDDLE	i.	AST			DAY YEAR	R 26. HOUR	_
77.5		(TYPE	ORPRINT)	VIN		MC	GEE Sr.		3	19 8	80 1:05P	A
9	1	3. SE	х	4 RACE		5 DATE C		6. AGE (IN YEARS LAST BIR	THDAY	IF UNDER I Y		
163	A LE		MALE	BLACK		Apr	il 2°, 19°18	6	1 YRS.	MONTHS DA	AYS HOURS MIN	4
/E			RTHPLACE ISTATE OR FOREIGN		WHAT COUNTRY?	I o	NEVER MARRIED	BALTIMORE CITY	- ING.	Y OF DEATH	1	_
94	333	,	VIRGINIA	U.:	S.A.	WIDOWE		BALTIMO	RE CI	TY		MD
y the tu	273		ALTIMORE	11. NAME OF H		ADDRESS)	DR OTHER INSTITUTION	128 USUAL OCCUPAT (TYPE OF WORK FOR MOST CONST. W	ION OF WORKING LI	126 KIN	D OF BUSINESS)R
filled in t	33	USU 13a	AL RESIDENCE (IF NURSING HOSTATE		GIVE RESIDENCE BEFOR	E ADMISSION	13d. INSIDE CITY LIMITS? YES NO	134. STREET ADDRESS 1715 VILI				
completely	0120	14. FA	THER'S NAME FIRST Zack	WIDDIE	1cGee		Catherin			Dic	ışsı K1e	
oo p			WAS DECEASED EVER IN U.S	ARMED FORCES?	166 SOCIAL SECU	JRITY NO	17. INFORMANT	ADDR	ESS	9		
an ar	t, the		YES	WW II	218-01-3	3483	Mrs. Ethel	McGee	same	as ‡		
VSICI	oval.		IN CAUSE OF DEATH (Enter PART I. DEATH WAS CA	r anly ane cause per	line far (a), (b), an	id (ch)	, ,			BETW	ROXIMATE INTERVAL	Н
dq 6	remo			DIATE CAUSE (a)	tcute M	140 ca	udia lyt	farction		2	y hour	1
he attendin	mation, or		Canditians, if any, which	(b) A	ras a conseou	lleroj	tic Heart	Disease				
ed by the	rial, cre		cause (a), stating the underlying cause last	(c)	R AS A CONSEQU							
een sign	or to bu	NO.	PART 2 OTHER SIGNIFICA	NT CONDITIONS <u>CC</u>	NTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM		DITION GIV	VEN IN PAR	T l(o)	
te has b	shows 2	CERTIFICATION	DATE OF OPERATION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES □ NO ☑	IN CERTI	S, WERE FIN FYING CAU ES []	NDINGS USED ISES OF DEATH?	
ohysician s certifica	or Item 18		21g ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE O	F DEATH HOUR A.	M. MONTH D.	AY YEAR	21c HOW INJURY OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM 18, I	PART I OR PART	2)	
tending After thi	h and Menarked o	MEDICAL	214 INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE C (AT HOME, STR	OF INJURY EET, FACTORY, OFFICE, I	FARM, ETC	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE	
ECTOR:	of Healt		220 I certify that (4) (this h sow the deceased alw abave, (A) (we) (did) (ospital) attended the MARCH		MARCH 30 . or	nd that in (m) (our) apinion a	to MARCE	-	, 19 <u>80</u> ur and fram		iost
the hosp	ate Dept.		226. SIGNATURE	Peta		m	D ATTENDING PHYSICIAN	MEDICAL STA	FF TIAN XX	1	3/19/80	
FUNER	with the State		Robert W.	Peters			220 ADDRESS 3900 LOCH R	AVEN BLVD.	BALT	O.MD.	21218	
5 24	3 2	23o. (BURIAL, CREMATION, REMO	VAL 23b. DATE	23 (NAME OF C	EMETERY OR CREMATORY	23d LOCATION		COUNTY	STATE	Ī
BP			Burial	3/22/	/80 Ce	edar	Hill Cemete	ry Baltim	ore		.Co. Mc	£
	-16 25M 5, 4) 1/79	24 F	uneral pirector LECK LAUREL 601 Sandy S	FUNERAL pring Rd	HOME, Laure	INC.	d. 20810 M	AR 2 1 1980	25b. REG	14 30		

100:1 00 I		- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	M		7
	ra	har the bas	37	1257.730	
at I.i.	minimum.i/s	- A	•	2	VALUE A ZA
		.00.0574		ICIDA AV	THO STREET,
מווי אין אין אין	MDATTER STOP	×	SEPERAL PROPERTY OF THE PROPER		TAX TOTAL
			PRESCRIPTION (1)	TT UN	
	×				Ver.
,	i em			10077/15 NO	A SAM
,	i em			10077/15 NO	A SAM

Contrar survey T. Colored Contraction Hard or the Color of the Color السريد الكرابط والمساء A3/44 ~ 45/44 11 Pofaspany MD - DE Com St. But MP Sous. AND THE STREET OF THE PROPERTY OF THE PROPERTY

1	F 5	OR	5, G542		DEPART	MENT OF	HEALT		ENTAL H			0 6	9	2	3	
1.	DECE	ASED NAME	FIRST	ME	MIDDLE	EXAMI	NER'S	CERTIFIC	CATEO			REG. NO		DAY	YEAR	26. HOUR
	SEX		BERNI	CE 5. DATE OF BIRTH		4	(a.e. 15 m)	McKNI			DEATH	MATED [3 MONTH	11,		М
J.		male	black	8 20 2	YEAR 36	6 AGE (IN)	DAY) MONT		IF UNDER HOURS		C DATE RONOUN DEAD	CED	3	11 ₁	9 80	42.05 a _M
7a		HPLACE (STA		76. CITIZEN OF WI	HAT COUN	ITRY?	8. MARR	IED NE	VER MARRI	ED L		more	-			
1		or town o	FDEATH	II. NAME OF HOS	PITAL, NU CHITY, GIVE S and (RSING HOA TREET ADDRESS Genera	AE, OR OTH	ER INSTITU	TION		L OCCUP	ATION (TYPE	OF WORK	12b. KIND OR I	OF BUS NDUSTRY	
30	SUAL 0. STA	RESIDENCE (I	13b. COUN	R OTHER INSTITUTION, GI	13c. CITY	OR TOWN	ore	13d. INSIDE C	ITY LIMITS?	13. STREE	20 G	åilfo	ord	Aver	nue	
4	. FAT	HER'S NAME FIRST		MIDDLE		LAST		F	R'S MAIDE RST	N NAME		DDLE		McKr	ST	+
161	g, WA (YES,	NO DECEASED	EVER IN U.S. ARA	MED FORCES? WAR OR DATES)	16b SOC	N/A	TY NO.	17. INFORA	TUAN	146	ay 2	ADDRESS 879 F				
	1	8 CAUSE OF PART I DEA	TH WAS CAUSED	y one cause per line) BY: 'E CAUSE (a)		ond(c).)	is					100		APPR BETWE	OXIMATE II	NTERVAL
		gave rise	, if any, which to immediate toting the under-	DUE TO, OR (b) DUE TO, OR												
N		ART 2 OTHER SIGN	IFICANT CONDITIONS	(c) CONTRIBUTING TO OEATH	BUT NOT RELA	TEO TO THE TER	MINAL OISEAS	E OR CONDITIO	N GIVEN IN PAR	tt 1 (e).				1		-
DIEL ATIO	IFICALIE.	90. DATE OF C	PERATION	19b. CONDIT	ION FOR	WHICH OPE	RATION W	'AS PERFOR	MED?						TOPSY?	NO []
TAI CEBT	ا پ	I EXTERNAL				DAY YEA	AR 21c H	OW INJURY	OCCURRED	O (ENTER NA	TURE OF INJU	RY IN ITEM 18 P	ART 1 OR PAI		<i>,</i> (3)	NO 🗆
MENIN		NHILE		21e PLACE C STREET, FACT		(AT HOME,		CATION			CITY OR TOW	N	COL	UNTY		STATE
	A	death resulted		e of the remains desi	Accident		Autop uicide	" Homic	PECIFY)	Undeter	Inquiry	nner .	d in my op			
	E	XAMINER'S N	AME Ma	rgarita A	. Kon	rell,		.D. Ass		enn :			SIGNE	D3	411 <u>-</u>	.80
230	a.BUR	IAL, CREMATI	ON,REMOVAL 2			NAME OF CE		RCREMATO		23d. LOC City or	ATION		COU	VTY	STAT	
24		Burial JERAL DIRECT AME C.	or March	3/14/80 F/H 116		Mt. C.		110	25a. DATE R		ltim EGISTRAR	25b. REGIS	STRAR'S S	IGNATUI SUBLS	MD RE andly)
L				-/	, L ,	MOL	CII A	ve.	MAR	147	780	1 are			1	

SUBSTRUCT OF BE wall contribute terkosnil forgons who formal description in the color of the THE PARTY OF THE P DONE OF THE PARTY OF THE PARTY

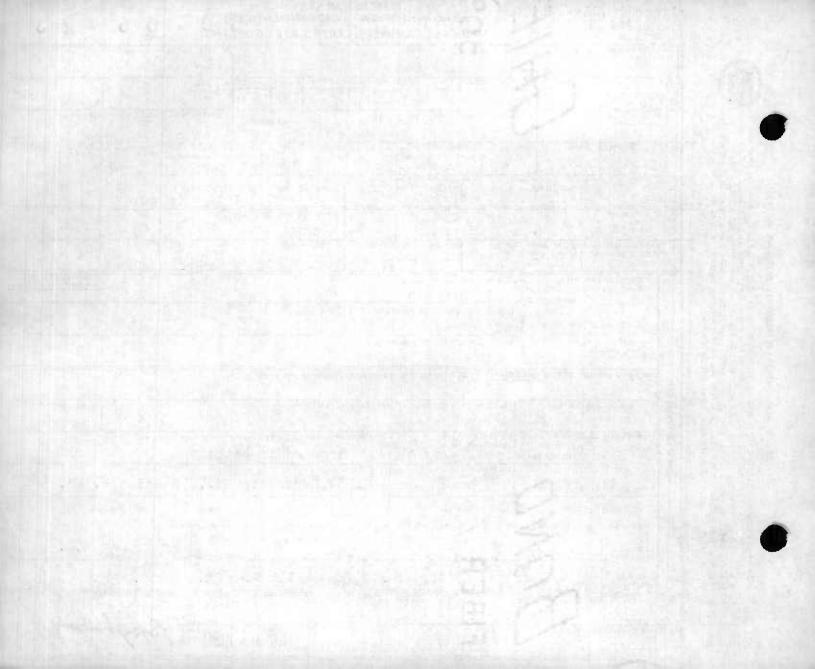


DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

	477174210	W	
			Falling Co.
			ducto co
American Acc			Balle "
76 Randall St	X 13	BAHT	MAK A L
- KELLY	Karbus	HAIRE	
Park to the second	T. Bolkoul		- 0/10
		rt a s E	
		Anger A	
		ander 4	

	It	FOR dad	21a-22a					AND MENTA	C	E O	0	6	9 2	6
+		ECEASED NAME	FIRST		MIDDLE		LA	ST .		Or	REG. NO	MONTH	DAY YEAR	26 HOUR
REET	3. SE	X 4 R	Webster	DATE OF BIRTH	B.	AGE (IN YEARS		Pherson	DER 24 HRS.	2c. DATE	MATED _	MONTH	1 19 80 DAY YEAR	2d HOUR
No ST	N	Male	White	Aug.19,1	919 E	60 YRS.				PRONOUN DEAD		3	1 19.80	9:154
ECESSA JUNERAL FOR Y WITHIN	11 - 1	SIRTHPLACE (STATE OREIGN COUNTRY)	OR 7b	CITIZEN OF WH	AT COUNTRY			NEVER M		9. BALTIM	ORE CITY C	OR COUNT	Y OF DEATH	
S FOR	10 A.	labama	DEATH II	USA	PITAL NURSIN		WIDOWED		ORCED 12n US	B UAL OCCUP	altim	ore C	ity	MD.
LAY IS O THE PAGE FILE	00	Baltimore		(IF NOT IN SUCH FAC	Northea	T ADDRESS)		, mornorion	FOR	MOST OF WOR	(ING LIFE)		OR INDUST	RY
. IF ANY DELAY IS NEG 2, AND 3 TO THE FUD. 3. RETAIN PAGE 5 F SHOULD BE FILED, W. P.	35 USU 130.	AL RESIDENCE (IF IN STATE Vd.				TOWN	13	Id. INSIDE CITY LIMI YES X NO	15? 13e. STR	EET ADDRES	SS			
F 2 1 . 1	14. F	ATHER'S NAME		AIDDLE	LAST		1	5. MOTHER'S M			DDIE	710	LAST	
E, MD. DEATH SES 1. M PM. AND 2.	00	Webster			herson			Ali	ce			skew		
, BALTIMORE, MD. URS AFIER DEATH. B. GIVE PAGES 1. WITH FORM PM. T. PAGES 1 AND 2. DIVISION OF VITA	1	WAS DECEASED EV YES, NO, OR UNKNOWN) PS	(IF YES, GIVE WAR WW 2		166. SOCIAL 219-0			Mrs. Do.	ris C.	McPhe	ADDRESS			
STON ST., BAL IN 24 HOURS N ITEM IB. GI ALONG WITH IT PERMIT. PAC	AL.	9104	EATH (Enter only o H WAS CAUSED B' IMMEDIATE C	Y: CAUSE (o)	for (a), (b), on Drowni AS A CONSEC	ng	45.						APPROXIMA BETWEEN ONS	E INTERVAL ET AND DEATH
EX A LEX	I, OR REMOVAL	gave rise cause (a) sta lying cause la		(c)	AS A CONSEC									
CORDS, 3C BE EXECU VDING" IN REDICAL EAS A BURI	CATION	PART 2 DTHER SIGNIF	ICANT CONDITIONS <u>CON</u>	TRIBUTING TO DEATH B	UT NOT RELATED T	TO THE TERMINA	AL DISEASE O	R CONDITION GIVEN	IN PART 1 (o).	14				
ITAL RECORD SHOULD BE EN SRD "PENDING CHIEF MEDIC E USED AS A	FICATI	190. DATE OF OP	ERATION	19b. CONDIT	ION FOR WH	ICH OPERAT	TION WAS	S PERFORMED?					20. AUTOPSY YES K	? NO 🗆
DIVISION OF VITAL. S CERTIFICATE SHOU RITING THE WORD " ROBE TO THE CHIEF E 3 SHOULD BE USE E DEPARTMENT OF H	MEDICAL CERTIFICATION		AUSE WAS OR CAUSE OF DEA	ATH! ? P.M.	3/1/8	Y YEAR	d	rowned				PART 1 OR PAR		NO [
A A A A A	0	21d. INJURY OCC WHILE AT WORK		21e. PLACE C STREET, FACTO	OF INJURY (A ORY, FARM, ETC.) OME	AT HOME,	153	Wort	hgate	Rd.,	"Balt	imor	e, Md.	STATE
TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE, WPAGE 4 SHOULD BE FORW. TO FUNERAL DIRECTOR: PAGE 7 SHOW THE STA	AARVIAND, 21	death resulted f	nat I taak charge a rom: Nastriji		orbed above.	held an Jud	Autopsy de	Hamicide TITLE (SPECIF	Υ)	Inquiry termined ma	nner,	DATE SIGNE		0
MEDICAL CUTE THE SE 4 SHC FUNERAL	Z IMORE.	EXAMINER'S NA. (TYPE OR PRINT)	ME Tho	omas D. S	SMith,	M.D.			ll Peni					
AP TO PAGE		BURIAL, CREMATIO (SPECIFY) Burial	Mā	DATE 2r.4,1980				CREMATORY Mem.	244	OCATION PORTOWN Ckeysy	i 110	Balt	D. Mo	TATE
DHMH - 17 (VR A15 ME (5)		FUNERAL DIRECTO	J. Ruck			1173		25a. D	ATERECO. B	1980	R Z	pays	Merry	



Farsh 21, 1950	max fall	.1	rie (p)
5.	7001 (RS an	tři.	efek
reltimore Ciry	X.	.A.E.U	a I me
movini nu	eimev/	an Collinger S.S.*E	Selfillore
3122 Localination and the state of the state	x	arc it.	bno fyr all
Leonell 3/ 465 IS - N I Lei : : : : : :	(*C**)	THE FOLKER	XU
in the wholl of the Avaduation	st and t	210-22264	0
The state of the s	Part only		
in and have t			
.nad ==1tinoro,lH.	ant.	.4.8 remarks.5	redos . M
bna.Prate proste Lp	gratual tock)n 2 ' 2 ' 10'	Seigned A
	brefra	Inc. althor, a	Tooperd .l. work,

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. DAY YEAR 26. HOUR

> 80 # UNDER I YEAR # UNDER 24 HRS MONTHS DAYS HOURS

BALTIMORE CITY OR COUNTY OF DEATH

BALTIMORE CITY

12b. KIND OF BUSINESS OR ellous RY

502 Woodbourne Ave

LAST

502 Woodbourne

18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)		BETWEEN ONSET AND DEATH	
PART I, DEATH WAS CAUSE IMMEDIA	DBY. TE CAUSE 10) Myozondoul infrarele	1hr	
Conditions, if any, which	DUE TO, OR AS A CONSEQUENCE OF		
gove rise to immediate couse (D), stating the underlying couse last.	DUE TO, OR AS A CONSEQUENCE OF		
PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CO	ONDITION GIVEN IN PART 1(a)	
Hest	my of presenterson, and mining		

206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO [

(ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)

and that in (my) town opinion death occurred on the date and have and from the causes stated

22c DATE SIGNED

DHMH-16 20M (VRA 15, 4) 7/7B

FOR - STATE

24 FUNERAL DIRECTOR Mitchell-Wiedefeld Home 18500 York Road

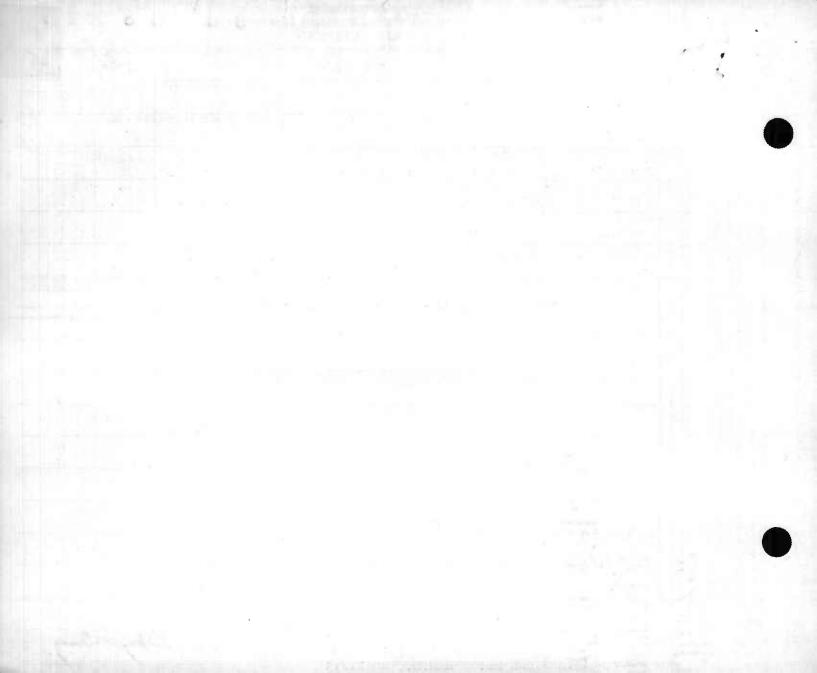
COUNTING.

COUNTY

STATE

STATE

BALIU.



GEORGE, M. CEORGE

matagor agree!

regarde white print of the plant of

THE SHOPE STORE

216-01-5500 Nextenit, Unler 3910 Little Ave. 21043

TARES E. COMMENSE MADE CONTROL MONTHS OF THE SECOND OF SEELE

Intel Parch 21, '80 . around desetury Falthware County, Ed.

Militar a. Johnson Ext Icon Haven 13vd. | XES LOTARD | Simplement

00:0 00 01	Ŷ.	All inter	T T	23.7888	
		100	^	SIDATE	7.120
- 4	r programa			· "	7171 1. 171 - 2.
		.011.011.11	re recepto (n	totals AV	exemple in the property of the
רי י די היפידיי רי ח	m nasta e pros		1 notice 14		A TYPE AND
				2.7	
			\$200-700°	20	₹7.0 ±
		7237nR 4	alternation of the	on.	
241 2		, W	erea associa	0	
2 mc			nyad swore		
	THE HALENS		2 Marsha		n's and
	THE MALENT	1812 DESCUE	2 Marsha	42) VARVER 3	
	Suries of the Contract of the	1. 0550 BAN	S SANCE OF STREET	42) VARVER 3	
2	answ answ	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	HOWE PARTY	as yanana	5.110
2	answ answ	1. 0550 BAN	HOWE PARTY	as yanana	5.110
2	, FT (17,	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	Aller Santa	as yanana	Surin T

A.A.

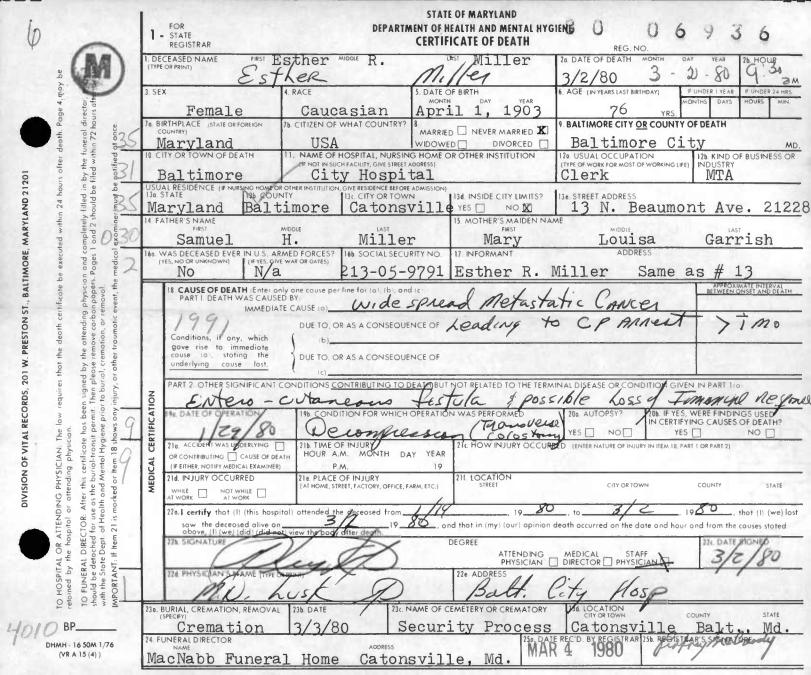
	1 - ST			DEPART	MENT OF	EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO	() 6	9 3	3
×10	I. DECEA	SED NAME FIRST	***************************************	MIDDLE		AST	20. DATE OF DEATH		1980	25 HOUR
		FRANC		Joseph		CK	MARCH	2		7:00A.
	3 SEX	Male	4 RACE	hite	Janu		6 AGE (IN YEARS LAST BIRT	YRS	FUNDER I YEAR	IF UNDER 74 HRS
P35		PLACE (STATE OR FOREIGN	7.000	S.A.	MARRIE WIDOWI	D NEVER MARRIED DIVORCED	Baltimore city o	_		M
35		altimore	(IF NOT IN SI	HOSPITAL, NURSI UCH FACHLITY, GIVE STREE Urch Hosp	T ADDRESS)	DR OTHER INSTITUTION	120 USUAL OCCUPATI (TYPE OF WORK FOR MOST O Painter			OF BUSINESS O
musis 5	13a STA	esidence (if nursing hom le 136 cc		I 3c. CITY OR TOV	NN	134. INSIDE CITY LIMITS?	13. STREET ADDRESS 2411 Ham	Balt.,	Md. 2 Avenue	21214
3500	14 FATH	r's NAME First Joseph S.	MDDLE iamon	Mick		15. MOTHER'S MAIDEN NAM	me mie Middle	Sc	hmaing	sı f
, the med	Ida WAS (YES, F	DECEASED EVER IN U.S. 10 OR UNKNOWN) (IF YES,	ARMED FORCES? GNE WAR OR DATES!	218-05-5		17 INFORMANT Daugh Edna May Watk	nter: ADDRE Tins 2411 H	SS Balt	n Ave	21214
emoval.	18,	CAUSE OF DEATH (Enter PART I DEATH WAS CAU				ILURE AND HYP	OTENSION		BETWEEN I	MATE INTERVAL ONSET AND DEATH
on, or rem traumatic		1/2 - IMMEL		OR AS A CONSEOL	JENCE OF		0.121101011			
trio er 1		anditians, if any, which are rise to immediate	(b)_	CONGESTI	VE HEA	RT FAILURE				
ial, crema y, or oth	C	ouse (a), stating the inderlying cause last	DUE TO, (SEVERE M		RITION AND DEH	YDRATION			
injury,	Z PA					NOT RELATED TO THE TERM				
vs any		DATE OF OPERATION				SEASE, ATRIAL N WAS PERFORMED	PIBRILLATIO	206. IF YES,	WERE FINDI	
Item 18 shov	- 0	ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF	DEATH HOUR	OF INJURY A.M. MONTH (DAY YEAR	21c HOW INJURY OCCUR		1		
th and Men marked or	WEDIC	HILE NOT WHILE NORK AT WORK	21e. PLACE	E OF INJURY STREET, FACTORY, OFFICE		ZII LOCATION STREET	CITY OR TOV	/N	COUNTY	STATE
of Healt m 21 is n	220	saw the deceased alive abave, (1) we (did (did	on MAKCH	29 19		19 . 19 80 and that in (my) Our ppinion of	, to <u>MARCH_2</u> death occurred on the do			that (I) we la
ached f e Dept. : If Ite	221	SIGNATURE Khor		7 0101 000111		DEGREE ATTENDING _	MEDICAL STAI	F _	MADO	
MPORTANT	220	PHYSICIAN'S NAME (IV	PE OR PRINT])		PHYSICIAN E	H HOSPITAL	CORPOR	ATION,	CH 29,19
MPO	23a. BUR (SPEC	AL, CREMATION, REMOV		230		100 NSBROADW	23d. LOCATION CITY OR TOWN		OUNTY	STATE
	24 511515	RALDIRECTOR	Tarks 1	- 700	re auov	ridge Memoria	L Dors		Maryla AP'S SIGNAT	

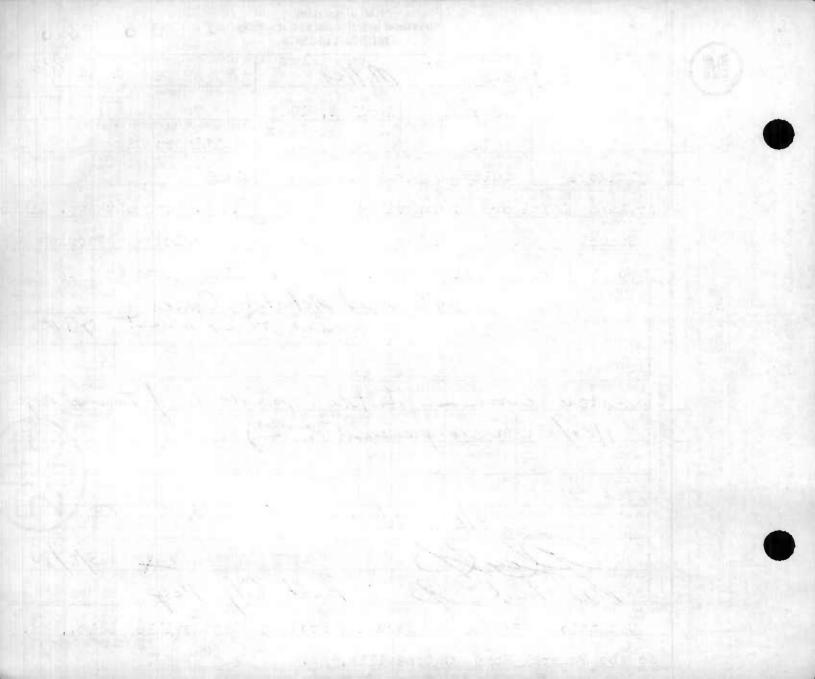
dite om me ofile 3.50 utin amonities has.Cras Principle intron ospital To the total JIS B . M. , . JES! en cy, mitiral the x · romitishelvee ×: i* Janenter: Salt., . 21 14 ruminal and isto entries entries of the interest Leonard J. rock, Inc. caltimore, arvicus

KUSE A LIELE 3 IS SCHOOL Concerns 5 1815 Line as 1850 T THAT THAT Y LEGITOR OF CHEROLOGY STATES 196, -: 300 Latitude states and the BARLIAT STRATS ... RIMENTAL AND PROPERTY OF PROPERTY OF THE STREET STILL SO FILE AND STATE OF THE SPIRE THE THE PARTY OF THE PART LATER OF THE STATE AND STREET DAY STANKING

103×0	1	FOR				E OF MARYLAND	An			
1 5/1/28 1/1	1.	STATE REGISTRAR		DEPARTA		FICATE OF DEATH	9 0	6 9 3 5		
3		CEASED NAME FIRST I).	MIDOLE		LAST	REG. NO.	DAY YEAR 26 HOUR		
(MA)	(1182	OKT KINTI)	IES MILLER				3 - 20-80 KBA			
(AAF)	X	4 RACE	4 RACE 5. DATE		OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS			
B		Female	White		Apr	il 26° 1895°	84 YF	IS. MONTHS DATS HOOKS MIN		
herol di	C	RTHPLACE ISTATE OR FOREIGN COUNTRY)	76 CITIZEN OF	WHAT COUNTRY?	MARRIE WIDOW	D NEVER MARRIED	The Harman Company of the Company	v		
201 Is ofter do by the fur filed within	10 CI	AT IMORE	UNION	MEMORIAL	HOME (OR OTHER INSTITUTION	126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN Housewife	176 KIND OF BUSINESS OR		
TLAND 2120 thin 24 hours ely filled in by 2 should be file	13a S	AL RESIDENCE (IF NURSING HOME STATE 136 COL	OR OTHER INSTITUTION JNTY	130 CITY OR TOW Baltimor	N	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS 746 E. 36 th.	Street		
, MARYLL, ompletely I and 2 sh	.14 FA	THER'S NAME FIRST	WIDDLE	Doohen		15 MOTHER'S MAIDEN N	AME MIDDLE	LAST		
BALTIMORE, cote be execut system and co ppers. Pages 1 vol. t, the medical	()	VAS DECEASED EVER IN U.S. A (ES, NO OR UNKNOWN) (IF YES, GI	RMED FORCES? VE WAR OR DATES)	212-48-5		Mrs. Caroli	ADAMiap ine Frazer 1121	olis, Md. 21403 Mainsail Dr.		
., BALT ificate b physicio npopers. rent, the		18 CAUSE OF DEATH Enter of PART I, DEATH WAS CAUS	ED BY		1	. 0	1.0	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
PRESTON ST ne death cert ne ottending i move corbon matian, or rer		#280 Canditions, if any, which		RAS A CONSEQUE	NCE OF	nal faile	ne	12 hours,		
by the		gave rise ta immediate cause (a), stating the underlying cause last	DUE TO, O	RAS A CONSEQUE	-	Hent	Failure	years		
y. y.	NOI	PART 2. OTHER SIGNIFICANT	CONDITIONS CO	Ontributing to D	EATH BUT	NOT RELATED TO THE TER	RMINAL DISEASE OR CONDITION	GIVEN IN PART 110		
AL RECORDS he low requion. has been signement. Therefore to the prior to be th	CERTIFICATION	190 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY? 20b IF IN CE	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO NO		
ON OF VITAL IYSICIAN: The ding physicion is certificate his burnal-tronsit p Mental Hygien		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF EITHER, NOTIFY MEDICAL EXAMINE	EATH HOUR A.	M. MONTH DA	Y YEAR	21c HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY IN ITEM	18, PART 1 OR PART 2)		
VISIG	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE			21f LOCATION STREET	CITY OR TOWN	COUNTY STATE		
TTENDI pital or STOR: A for use of Heali		270. certify that (I) (this has sow the deceased alive a abave, (I) (we) (did) (did n			MARCO		o, to MARCH 22 n death occurred an the date and			
SPITAL OR A J by the hos VERAL DIREC be defoched e State Dept.		226. SIGNATURE	dia	Cohen	1	DEGREE M. D. ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	226. DATE SIGNED 3 - 22 - 80		
TO HOSPITA etoined by 1 TO FUNERAl should be de with the Stoti		22d PHYSICIAN'S NAME (TYPE	COHEN			union Me	norial Hopeth	D		
# G/\ / BP	23a. B	URIAL, CREMATION, REMOVA		23c. N		EMETERY OR CREMATORY	23d LOCATION OCITY OR TOWN Baltimore, M.	COUNTY STATE		
DHMH - 16 60M 1/75	24. FU	INERAL DIRECTOR	THAL. 2		JI CIU		ATE REC'D. BY REGISTRAR 256. REG	ISTRAR'S SIGNATURE		
(VR A 15 (4))	I	seonard J. Ruck	Inc. Ba	altimore,	Mary	land MA	R 4 1988	itory sectionly		

and the second s the te water former with the THE CONTRACT HIM F FEELER





FOR DEPARTMENT OF MEALTH AND MENTAL HYCIENES	
1 - FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH	0 0 6 9 3 7
I TYPE OR PRINT) MARY Edus MILLER.	DATE OF DEATH MONTH DAY YEAR 2b. HOUR 3/1/4 M
3 SEX 4 RACE 5 DATE OF BIRTH 6 AC	GE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HPS MONTHS DAYS HOURS MIN
BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED \(\subseteq \text{NEVER MARRIED} \) 9 BA	BALTIMORE CITY OR COUNTY OF DEATH BALTIMORE CITY MD.
10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (Type	USUAL OCCUPATION E OF WORK FOR MOST OF WORKING LIFE) AS NEED WORK FOR MOST OF WORKING LIFE) DEFORM MENT STORM
USUAL RESIDENCE IF NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION AND INJURIES THE CITY LIMITS IN THE CITY	STREET ADDRESS
FIRST TAME	BMIDDLE CALLASE
The second secon	ILLER JR SON ANTHONY AUG
i i i i i i i i i i i i i i i i i i i	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH MINYTES
Due to, or as a consequence of	· · · · · · · · · · · · · · · · · · ·
ynderlying couse last.	YEARS
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL I	DISEASE OR CONDITION GIVEN IN PART 1(0)
190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
THE STREET OF TH	ENTER NATURE OF INJURY IN ITEM 1B, PART 1 OR PART 2)
ON ON STREET TO ON ON THE PART OF THE PAR	CITY OR TOWN COUNTY STATE
The I certify that (1) this hospital attended the decessed from 19 0 ond that (1) who opinion death	to
ATTENDING WE PHYSICIAN DIR	EDICAL STAFF JOICAL STAFF JOICAL STAFF JOICAL STAFF
DEGREE ATTENDING ME PHYSICIAN S NAME (1) CHARTER OF CEMETERS OF CHEMATORS 139 10 PA O THE STORY OF CHARTER	+ CITY HOSE
236. BURÍAL, CREMATION, REMOVAL 236. DATE 236. NAME OF CEMETERY OR CREMATORY 23	d LOCATION COUNTY STATE
	D 36 STRAY TESTS WAR STENATURE

Western Lamerana politica 01367 3/2/12 Congress to the Suppose 2 pg 20/2 or 20/2 20/2 20/2 with the state of the state of Bartley But was sono comp these

CK TO US A PROPERTY 1 3 - - - MI - 4 - 13 11 - 1M IEU NE NOTE DECLARAGE PSTINIOLE CITY ELLEN GEREN HUREH HUSSTITEL HERENGEDE may who so FATH ALE S. T. 2 S. STONES STA POLICE CONTRACTOR ENDER STREET - STREET SEED SEED STREET Address of the second secretary flater to the second second

E IL 6 U S TO BE TO BE THE STREET MARTINE THE LITTLE STATE OF THE STATE OF THE

Section of the Samuel Control of American Application Carlos Andrews May CONTRACTOR OF THE STATE OF THE All the state of t

- The state of the residente de la companya del companya de la companya del companya de la companya Landerson State of the Control of th TO A COUNTY OF THE PARTY OF THE The state of the s

7.		
	28 75 15 15 15 15 15 15 15 15 15 15 15 15 15	1250
	entre des l'affent de la company de la compa	Sienton, Pagriend
	22.4 . Proposition to Applicate February adolption	rin II
might with a	or modern . His wife or market a	- Smilysoli
Stage T		
	tolacus. A rig-empt meioscent Atopo-di-Ars	
ma – 21213 majás ásaga	ar. 28, 1980 felsings louvery Baltimore, Barris	a feluna

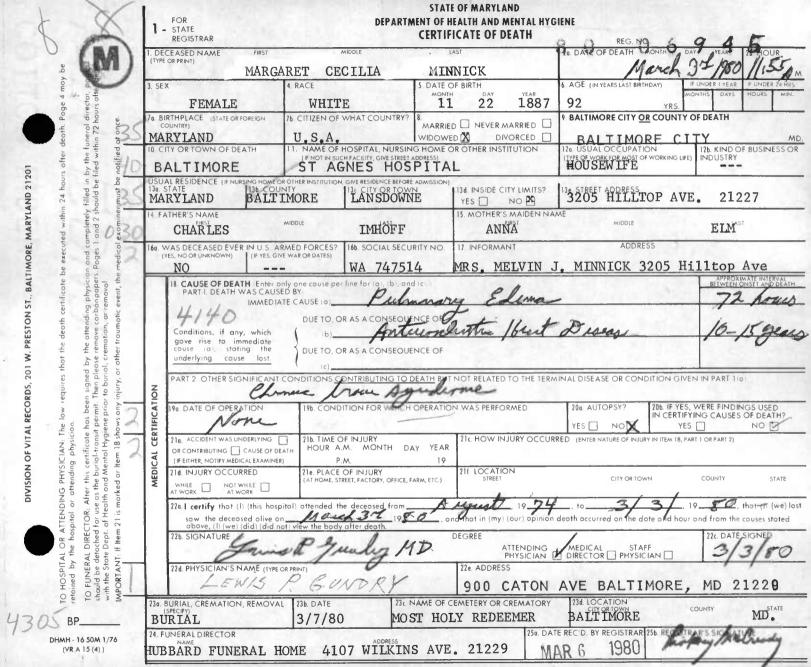
B-0-0 L-6 12 . il or nc / , / - 2 1 202 2 at i on a sent of the sent of on to dione of one of the ini Le 11 -1-11 - 2 - 11 - 2 - 11 Continue of the state of the state of the WILLIAM SOLTT A DESTRUCTION SOLD TO SERVE WERE WELLIAM ri has and a for it a ai.

4	1.	FOR STATE REGISTRAR	CERTIFICATE OF DEATH						REG. NO.			
1 25 W	TYPE	CEASED NAME FIRST OR PRINT) ETHEL	, P	-	MiL	WAY	03 08 199		3.15 A			
	1 SE	F	RACE W	,	S DATE C	F BIRTH	6. AGE (IN YEARS LAST BIRTHDAY) 72 YRS		HOURS MIN			
135	7a Bi	RTHPLACE (STATE OR FOREIGN 7) OUNTRY)	LI S	HAT COUNTRY?	MARRIE WIDOWE	D NEVER MARRIED DO	Balto. Cit		MD.			
by the fu	_	alto.	(IF NOT IN SUCH	OSPITAL, NURSIN FACILITY, GIVE STREET	ADDRESSI	DR OTHER INSTITUTION	12e USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING Seamstress	12h, KIND OF	BUSINESS OR			
24 ho	ÚSU.	AL RESIDENCE (# NURSING HOME OR OF STATE 136 COUNT	THER INSTITUTION, G		ADMISSION)	134 INSIDE CITY LIMITS?	13e STREET ADDRESS 813 West 5 35th					
MARYLAND cuted within 2 ompletely fille and 2 should edical examine	14. FA	THER'S NAME FIRST MI	one rodoriol	Milway		15 MOTHER'S MAIDEN NAME FIRST		Pierc				
ficate be executed ficate be executed sician and comple ers. Pages 1 and 2 yeal.	160 V	VAS DECEASED EVER IN U.S. ARM VES, NO OR UNKNOWN] (IF YES, GIVE V	ED FORCES? 1	10 SOCIAL SECU 212-03-93	RITY NO	17 INFORMANT	ADDRESS v 813 West 35th S					
ORDS, 201 W. PRESTON ST., BAL law requires that the death certifica een signed by the attending physic Then please remove carbon papers for to burial, cremation, or removal any injury, or other traumatic ever	NO	PART I. DEATH WAS CAUSED IMMEDIATE Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last PART 2 OTHER SIGNIFICANT CO	DUE TO, OR (c)	AS A CONSEQUE AS A CONSEQUE AS A CONSEQUE WIRIBUTING TO C	NCE OF	PUMONARY NOT RELATED TO THE TERM	JEDEMAT THE SHEET IGEN INAL DISEASE OR CONDITION OF	ST 32-	3 DAYS			
The The bermit ne pr	CERTIFICATION	190 DATE OF OPERATION			OPERATIO	N WAS PERFORMED	YES NO NO CER	ES, WERE FINDING TIFYING CAUSES O YES [SS USED OF DEATH?			
ON OF VITAL PHYSICIAN: ng physician. this certificate urial-transit pe Mental Hygie d or item 18 s		2)B. ACCIDENT WAS UNDERLYING OR CONTRIBUTING AUSE OF DEATH	HOUR AM	MONTH DA	Y YEAR		RED TENIER NATURE OF INJURY IN ITEM I	3, PART I OR PART 2)				
DIVISION OF NDING PHYSI attending phys A: After this cer as the burial-tra as the burial-tra is marked or ite	MEDICAL	216 INJURY OCCURRED WHILE NOTWHILE AT WORK	21R. PLACE OF	F INJURY IT, FACTORY, OFFICE, F	ARM, ETC)	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE			
F = F - W		220.1 certify that (1) (this hospital saw the deceased alive on above, (1) (we) (did) (did nat)	03/08	198	et 40	nd that in (my) (aur) apinian	, ta0_3_\0 &_ death accurred an the date and h		nat (1) (we) last auses stated			
TTAL OR AT y the hospital RAL DIRECT detached for tate Dept. of		226. SIGNATURE	Ay'd	3, ms		DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	12 DATES	SI 80.			
TO HOSPITAL OR Aretained by the hospital TO FUNERAL DIRECT Should be detached for with the State Dept. of IMPORTANT: If Item		724 PHYSICIAN'S NAME (TYPE OR I	PRINTI			MADDRESS NOR	The Charles	D. 212	18			
BP	(Burial, Cremation, Removal SPECEFY) Burial	3-11-8			emetery or crematory Ridge Cemetery		COUNTY	Md.			
DHMH-16 25M (VRA 15, 4) 1/79	24 F	UNERAL DIRECTOR NAME Burgee	3631	Falls R	d.	250. DATI	R 1 2 1980		heody			

	Atom	y many		erit B	
i v .din Son vita sco			.eu.		
lenium la sue da visco	Late	ensē neins			
of pure size of		3			
The state of the s	3	3 11	1110		
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
				igiand	



U to C to E U to the Marketon SHATES THE STATE STATES OF THE CASE May T = STATE X 12 TH. BEADTERS ST - STTR 9152 Ma Styling C. Viller - 1282 Streether ASS DEED TO HAM THE FELL WALL VIEW - SOUTH SERVICE STATES



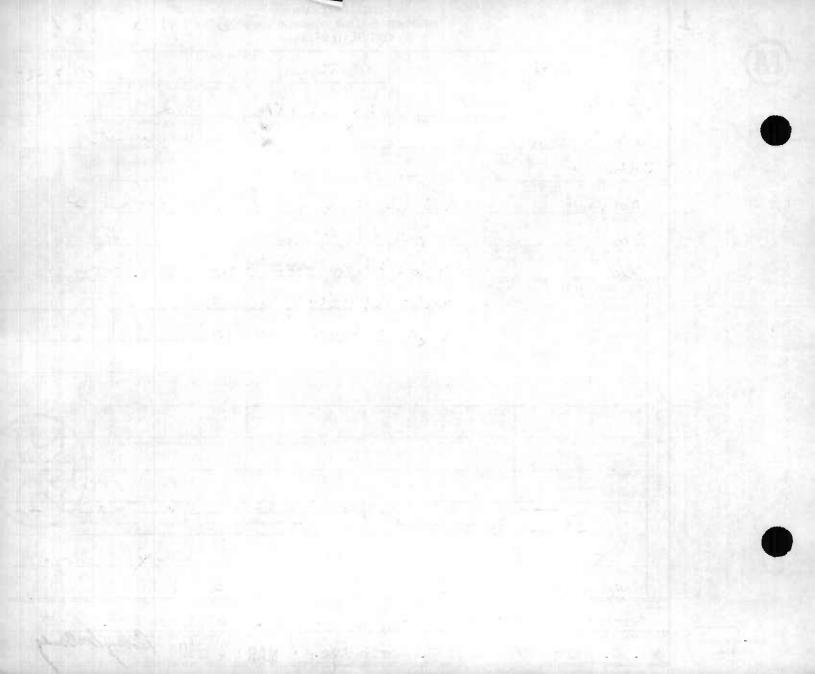
MTTO SHOUTE for PN PR BALTIMONE Marie Color de la Color de Fall on Edward And the last of the transfer of the street COUNCESTE DALTIMORE, LO 11029 LANCE TO SELECT THE SECOND STREET, AND SELECT THE SECOND S

FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 20 DATE OF DEATH 2b HOUR poge 3 2/ 80 HERESA GERTRUDE Miskimon 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR 3 SEX HOURS Female WHITE 18 BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE (STATE OF FOREIGN 7h CITIZEN OF WHAT COUNTRY? COUNTRY Baltimore City MARULAND DIVORCED 10 CITY OR TOWN OF DEATH 120 USUAL OCCUPATION 17h KIND OF BUSINESS OR St. Agnes Hospital (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Baltimore DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Catonsville 13d INSIDE CITY LIMITS? 13. STREET ADDRESS Greenlow Rd. Baltimore Maryland 15 MOTHER'S MAIDEN NAME 4 FATHER'S NAME Helen Miller Bonseigneur Earl ADDRESS 16h SOCIAL SECURITY NO 17 INFORMANT 60. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) I LIF YES, GIVE WAR OR DATES Raymond M. Miskimon, 418 Greenaww Rd. 218-07-6555 no APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY Bronchopneumonia IMMEDIATE CAUSE 10 DUE TO, OR AS A CONSEQUENCE OF bronic renal disease - secondary to Conditions, if any, which gove rise to immediate amyloidosis cause (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? uriol-tronsit p Aentol Hygier 21a ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) morked or Item 18 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 21d INJURY OCCURRED 21e PLACE OF INJURY 211. LOCATION CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE WHILE AT WORK AT WORK 220.1 certify that (this haspital) attended the deceased from 80, and that in (our) opinion death occurred on the date and hour and from the causes stated sow the deceased alive on 31/2 obove, M (we) (did) (and obt) view the body after death. 22h SIGNATURE DEGREE 22c. DATE SIGNED M.D. ATTENDING MEDICAL STAFF MPORTANT: IF FUNERAL 22d. PHYSICIAM'S NAME (TYPE OR PRINT) 22e ADDRESS should be with the JOAN WHITEHOUSE- TIBBLE MID ST Agnes HOSP 100 Caton 230. BURIAL, CREMATION, REMOVAL 23b, DATE 231. NAME OF CEMETERY XOR GREEN CORX (SPECIFY)
Burial 3/15/80 Sacred Heart Highlandtown, Maryland 24. FUNERAL DIRECTOR 1630 Edmondson Ave. Catonsville, Md 250 DATE REC'D. BY REGISTRAR 250 BERAP'S SENATURE DHMH - 16 50M 1/76 Witzke Funeral Home of Catonsville, P.A. 21228 MAR (VR A 15 (4))

1 The Aleman San Section 1 O SHI MILES IN a tribung of a green all . I beauty a total and PER AN PROPERTY OF THE PROPERT

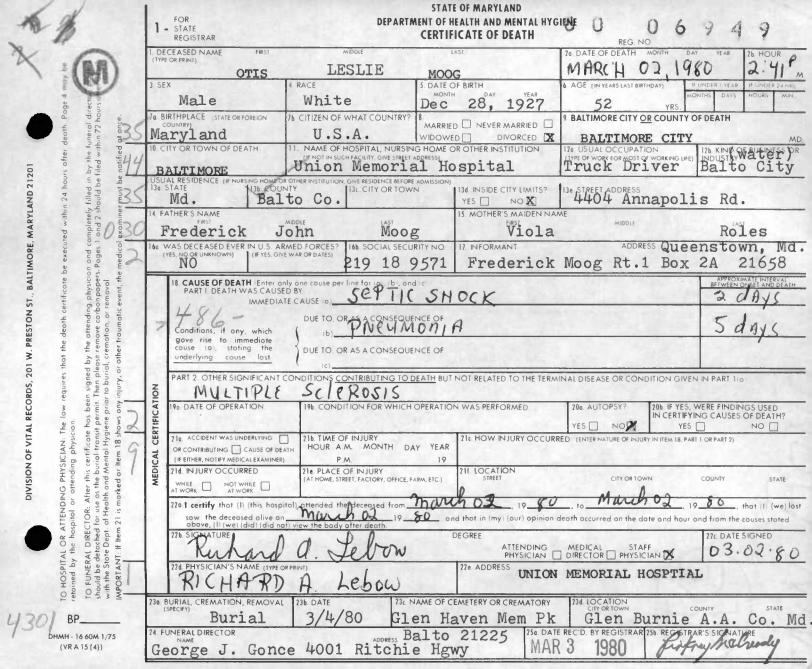
	2	1.	FOR STATE REGISTRAR	DEPART	AENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	REG. NO	6947
dege 3			CEASED NAME FIRST PUTCH	MIDDLE	montague	20 DATE OF DEATH M	3 6 80 7:42 PM
oge 4 ma irector, po		3. SE	female	Bluk	5 DATE OF BIRTH MONTH DAY YEAR 1 2 2 7	6. AGE (IN YEARS LAST BIRTHI	MONTHS DAYS HOURS MIN.
deoth. P funeral d	0 10 or	/a 8	IRTHPLACE (STATE OR FOREIGN 7b. OUNTRY) With Cawlina ITY OR TOWN OF DEATH 11	CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	Ballimore City OR	one city MD
n by the	oe notified	11511	3altimer AL RESIDENCE (IF NURSING HOME OR OT	(IF NOT IN SUCH FACILITY, GIVE STREET	. Md. center	12a USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF	
LAND 2 hin 24 ho ly filled is should b	1335	13a. 5	STATE 136 COUNTY	13, CITY OR TOW	13d. INSIDE CITY LIMITS? YES NO	130. STREET ADDRESS	Forest St.
₹ om te	3\$20		Tohn VAS DECEASED EVER IN U.S. ARME	Harris	5 Turner	MIDDLE	Harris
BALTIMORE one be execu- ysicion and copers. Pages, vol.	the medical	(YES, NO OR UNKNOWN) (IF YES, GIVE W	578262	867 Lou Henry	3 '3	E. Lafayette Av
201 W. PRESTON ST., BA es that the death certificat ned by the attending physi please remove corbon pay urial, cremation, or removo	, or other troumotic event, 1		18 CAUSE OF DEATH (Enter only, PART I. DEATH WAS CAUSED E IMMEDIATE (Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE	resputivly of	euse	APPRÖXIMATE INTERVAL BETWEEN ONSET AND DEATH
RECORDS, low requir no. los been signermit. Then ne prior to b	301	CERTIFICATION	19a. DATE OF OPERATION		OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
DN OF VITAL IYSICIAN: The ding physicio s certificote h burrol-tronsit I Mentol Hygiei	Item 18 sho		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DA	21c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY	YES NO NO NI INITEM 18, PART 1 OR PART 2)
OIVISION UG PHYSI offer this ce os the burn h ond Mee	morked or II	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
TTENDI pirol pr TOR: A for use	21 is		27a. I certify that (I) (this hospital saw the deceased alive on obove, (I) (we) (did) (did not) v	316	90, and that in (my) (and opinion	7., to 3 6 or death occurred on the dot	e and hour and from the causes stated
AL OR the ho AL DIRE	NT: If Hem	- 3	22b. SIGNATURE MUMMENT	9	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIA	
TO HOSPITAL etoined by the TO FUNERAL should be detained the Store	MPORTAN		22d. PHYSICIAN'S NAME (TYPEOR PR William M. Pa	rham, II		ger lt Bo	ells md 21239
1004 BP		(BURIAL, CREMATION, REMOVAL BURIAL BUR	21	ng Memorial Pk	CITY OR TOWN	
DHMH - 16 50M 1/7 (VR A 15 (4))	76		m. C. March F/	/H 1101 E. N	North Aye.	- 4 0 4000	propay Metrody

CTATE OF MANUALIS



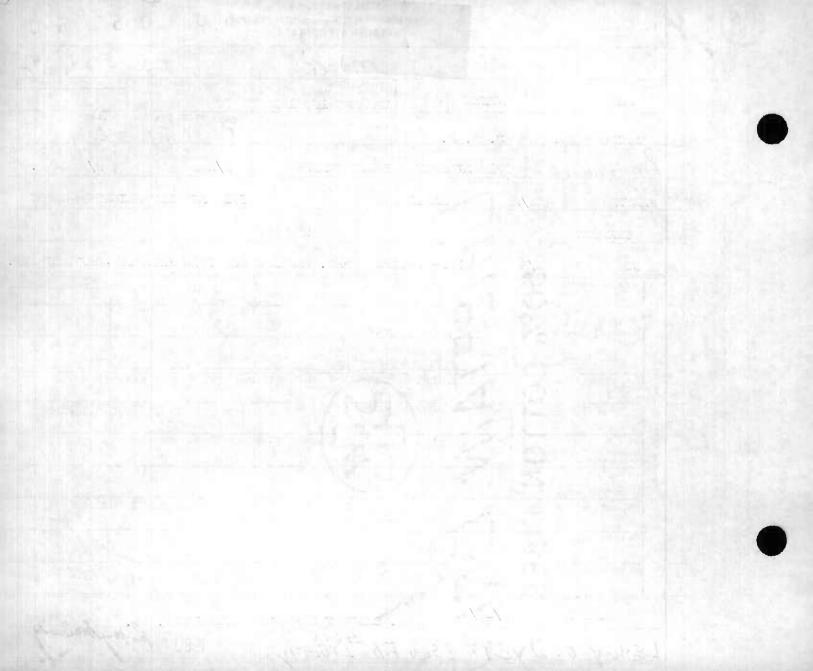
15/1.	FOR STATE REGISTRAR	DEPARTMENT OF	HEALTH AND MENTAL H		9 4 8
	ECEASED NAME FIRST PROPRINT	MIDDLE T MONTH	GOMERY	20. DATE KNOWN DE ESTI- DEATH MATED S	MONTH DAY YEAR 25. HOLD 3-29 1980 12 3
7o. l	EMALE WHITE	S. DATE OF BIRTH 6. AGE (IN YILL ASSESSION THE	ARS IF UNDER 1 YR. IF UNDER AYI MONTHS DAYS HOURS	24 HRS. 2c. DATE PRONOUNCED DEAD 9 BALTIMORE CITY OR	3-29 1980 124. HO
M	oreign country), aryland ITY OR TOWN OF DEATH	USA 11. NAME OF HOSPITAL, NURSING HOM IENOT IN SUCH FACILITY, GIVE STREET ADDRESS!	MARRIED NEVER MARR WIDOWED DIVORCE, OR OTHER INSTITUTION	Baltimore 12a USUAL OCCUPATION (TYPE O	C ity
JSU		808 Brooklyn Ave.,	ION)	FORMOST OF WORKING LIFE	Restaurant
M	aryland 13b. COUNT	-	13d. INSIDE CITY LIMITS? YES K NO 15. MOTHER'S MAIDE	3808 Brooklyn A	Ave.
	Unknown Was deceased ever in U.S. Arm	Rosenbrock	Madeli	ne	LAST Love
104.	YES, NO, OR UNKNOWN) (IF YES, GIVE V	AED FORCES? WAR OR DATES) 212-30-246	Mr. Melvi	n Montgomeny, Sn	. 3808 Brooklyn
NO	Conditions, if ony, which gave rise to immediate couse (a) stating the <u>underlying couse last</u> . PART 2 OTHER SIGNIFICANT CONDITIONS C	(b) DUE TO, OR AS A CONSEQUENCE (c) ONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM	OF	RT 1 (q).	
TIFICATION	190. DATE OF OPERATION	19b. CONDITION FOR WHICH OPER	ATION WAS PERFORMED?		2D. AUTOPSY? YES □ NO 🏋
MEDICAL CERTIFICATION	210 EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF D		21c. HOW INJURY OCCURRE	D (ENTER NATURE OF INJURY IN ITEM 18 PAR	
MED	21d. INJURY OCCURRED WHILE NOT WHILE D AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, FARM, ETC.)	21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
		of the remains described above, held an all causes to the remains described above, held an all causes to the remains described above, held an all causes to the remains described above, held an all causes to the remains described above, held an all causes to the remains described above, held an all causes to the remains described above, held an all causes to the remains described above, held an all causes to the remains described above, held an all causes to the remains described above, held an all causes to the remains described above, held an all causes to the remains described above, held an all causes to the remains described above, held an all causes to the remains described above, and the remains described above, held an all causes to the remains described above, and the remains described above.	Autapsy , Inspection icide , Hamicide , TITLE (SPECIFY) M.D.Assistant	Undetermined manner ,	DATE 3-29-80
73a F	EXAMINER'S NAME (TYPE OR PRINT) HORME BURIAL, CREMATION, REMOVAL 23 SPECIFY) BURIAL 24			nn Street, Balto	., Md. 21201
			metery or crematory	glen Burhie	AAOUNTY Manyland
M	EUNERAL DIRECTOR 23	Home of Brooklim	21225 SE DATE R	REC'D. BY REGISTRAR 25b. REGISTI	KAK S SIGNATURE

The state of the s Terme 17 del Charles . The state of the s on to Action and sent the sent the sent that the



Control of the second of the s wale to a contract the contract the contract the contract to t Antyland Z BARYLAND S. C. U. S. C. BARYLAND S. C. D. S. C rational modern lesigeof inimonal model sections neich stoll wood don loimeber. 210 1 9572 wredertor boor Mt. 1 por 2s A CONTRACT OF ME AND AT a de la companya de l THE RESERVE OF BUILDING .oo .a. signos nels si men nevel aslo bales in bruns Baorra J. Lonce 4001 directs Mawir

	100						E OF MARYLAND				
M) X	1 -	FOR STATE REGISTRAR			DEPART		EALTH AND MENTAL HY ICATE OF DEATH	GIENE O REG. N	0 6	9	50
ة ق 5 ك		CEASED NAME OR PRINT)	MICH.		WIDDLE	17	TOORE	To Ditte of Deitin	03 0	- ~	26. HOUR 5
ctor, page safter deat	3. SE			RACE WHITE	3	S. DATE O	OF BIRTH	6 AGE (IN YEARS LAST BIR		FUNDER I YEAR	71 "
72 hours		RTHPLACE (STATE OR FO	DREIGN]	b CITIZEN OF	WHAT COUNTRY?	8	NEVER MARRIED	9 BALTIMORE CITY C	OR COUNTY	OF DEATH	
d within d		TY OR TOWN OF DEA		(IF NOT IN SUC	HOSPITAL, NURS IN	ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPAT		12b. KINDO INDUSTRY N/A	OF BUSINESS OR
old be file	13a S	AL RESIDENCE (IF NURS	ING HOME OR O	OTHER INSTITUTION	LIBERTY H	RE ADMISSION)	13d. INSIDE CITY LIMITS?	N/A 13e STREET ADDRESS 3710 LIBER	TV HET		VENUE
and 2 shou		ARYLAND ITHER'S NAME FIRST UNKNOWN		AUDDLE	LAST LAST	IONE	YES NO SERVICE NO SERV	AME	21 1101	LAS	
Pages 1 c	16a V	VAS DECEASED EVER (ES, NO OR UNKNOWN)	IN U.S. ARA	WAR OR DATES)	705-05-6		MRS . PEARL (ADDR COLES 3710 I		HEIG	GHTS AVE
signed by the attending is hen please remave carban a bural, crematian, ar ree jury, ar ather traumatic ev	No	Conditions, if any, gove rise to imm couse to, statin underlying couse	nediate ig the last	DUE TO, O	R AS A CONSEOU	ENCE OF	NOT RELATED TO THE TER	MINAL DISEASE OR CON	DITION GIVE	N IN PART 1	a
permit. T	CERTIFICATION	19a. DATE OF OPERA	TION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200. AUTOPSY?	20b. IF YES, IN CERTIFY YES	WERE FINDING CAUSES	NGS USED 5 OF DEATH?
certificate h vrial-transit ental Hygier Item 18 shav	-	21a, ACCIDENT WAS UND OR CONTRIBUTING (IF EITHER, NOTIFY MEDIC	CAUSE OF DEAT	n	DF INJURY M. MONTH D M.	AY YEAR	21c. HOW INJURY OCCUP	RRED (ENTER NATURE OF INJU	RY IN ITEM 18, PAF	IT 1 OR PART 2)	
as the bu	MEDICAL	21d. INJURY OCCURE WHILE AT WORK NOT WE AT WO	HILE		OF INJURY REET, FACTORY, OFFICE,	FARM, ETC.)	21f. LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
far use of Healt		22a.1 certify that (1) saw the decease above, (1) (we) (a	ed alive an_	03	-09 19	800	nd that in (my) (our) opinion	. 10	ate and hour	,	that (I) (we) last causes stated
AL DIREC detached ate Dept. IT: If Item		22b. SIGNATURE	5	Sure	Jennes Jennes		DEGREE ATTENDING PHYSICIAN	MEDICAL STA		22g. DATE	SIGNED
TO FUNERAL should be det with the State		22d. PHYSICIAN'S NA	AME (TYPEOR	Sur	yr.		22e ADDRESS Pro	riclent	hor	o, Tel	,
P	23a. E	BURIAL, CREMATION, SPECIFY) BURIAL		3/12/	80		EMETERY OR CREMATORY VARY CEMETAR	23d. LOCATION CITY OR TOWN BALTIMORE		COUNTY	STATE
H - 16 50M 1/76 R A 15 (4))	24 F	INERAL DIRECTOR	D.	VETT	ADDRESS 4 SOV	Fili.	4600 150. DA	AR 1 1 1980	25h Mary	MARINE	- J



(A)	1.	FOR STATE REGISTRAR		DEPART		CATE OF D	MENTAL HYG DEATH	IEG. REG.	0 6 NO.	9 5	
T.		CEASED NAME FIRST WIL		AIDDI E	MOO	RE		20 DATE OF DEATH	MONTH OA	Y YEAR	26. HOUR 504A
4 may or, page fter dea	3 SE		4 RACE		5 DATE O	DAY	YEAR	& AGE IN YEARS LAST !		UNDER I YEAR	IF UNDER 24 HR
h. Page I direct nours a at onc		Male IRTHPLACE (STATE OR FOREIGN OUNTRY)	Neg	ro What COUNTRY	5	30 NEVERA	04 AARRIED []	75 BALTIMORE CITY			
er deat funera vin 72 otiffied		N.C.	USA	HÖSPITAL, NURSI	WIDOWE	DK DA	VORCED	BALT	IMORE		OF BUSINESS C
by the ed with	2	Baltimore		H FACILITY, GIVE STREE			PITAL	Sp. Poir	TOF WORKING LIFE)	INDUSTRY	,, 000 11 200 0
rin 24 in Miled in Mi	USU 13e	AL RESIDENCE IN NURSING HOME STATE 136 COU	OR OTHER INSTITUTION, JINTY	Baltin	VN I	13d. INSIDE C	ITY LIMITS?	1937 E.	North	Avenu	ıe
Table Table) I4 F.	ATHERS NAME FIRST Lattie	MIDDLE	Moore			FIRST	WE	F	Bethea	
the med	160	WAS DECEASED EVER IN U.S. A	RMED FORCES? VE WAR OR DATES)	166 SOCIAL SEC 241-14		17 INFORMA	INT	parrow 74	RESS		
Check reducthat that the sense signed by the permit. Then please rememe prior to burial, are shows any injury; or or	CERTIFICATION	PART 2 OTHER SIGNIFICANT PORT 2 OTHER SIGNIFICANT PORT 3 OTHER SIGNIFICANT PORT 3 OTHER SIGNIFICANT 190 DATE OF OPERATION L	CONDITIONS CO		DEATH BUT		TO THE TERM	INAL DISEASE OR CO	20h IF YES,	WERE FINDI	
AN A	/ 1	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF C (IF EITHER, NOTIFY MEDICAL EXAMINA	EATH HOUR A.	M. MONTH	DAY YEAR	21¢ HOW IN	JURY OCCUR	YES NO	YES		NO []
NDING PHYSICIA attending physicia 3: After this certifia 3s the burial-trans alth and Mental H is marked or Item.	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE ((AT HOME, STE	OF INJURY REET, FACTORY, OFFICE	, FARM, ETC.)	211 LOCATION STREET	NO	CITY OR	rown	COUNTY	STATE
ATTE ital or CTOF or use of He		22a certify that (1) (this has sow the deceased alive above (1) (we) (did) (did	97				_, 19SC (aur) apinian	, todeoth accurred an the	date and have		
TO HOSPITAL UR AT retained by the hospital TO FUNERAL DIREC with the State Dept. of IMPORTANT: If Item		226. SIGNATURE SIGNATURE (TYPE	1 100.	ch	n	DEGREE 1 D A 27e ADDRES	ATTENDING PHYSICIAN D		S Cus	BG	SIFC Tymo
OFBP Teta	73a	BURIAL, CREMATION, REMOVA (SPECIFY) Burial				EMETERY OR C		RODIN	son (OUNTY CO	N.C.
DHMH-16 25M (VRA 15, 4) 1/79	1	UNERAL DIRECTOR NAME C. March	F/H 1	101 E.	Nort	h Aye.	4 4 4	R 6 1980	AR 25b. Presus	ARS FROM	Stady

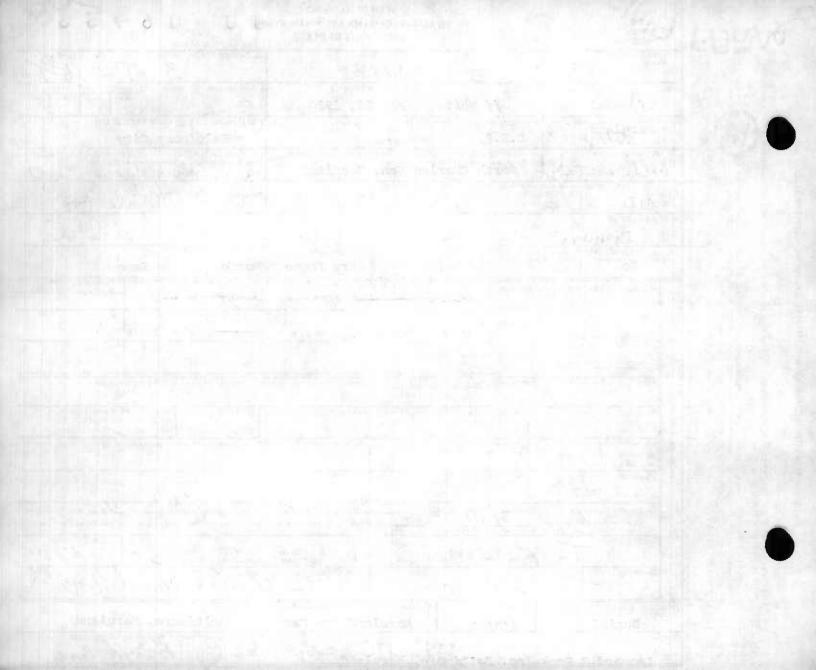
0.30 CU

ASSAM AND THE PROPERTY OF THE PARTY OF THE P

2	12	1-	FOR STATE			DEPARTMENT OF	HEALTH		4 6		6	7 5	2	
	10	1. DE	REGISTRAR	FIRST	WE	MIDDLE	NER'S C	ERTIFICATE		KEO. I		DAY	EAR 2h I	HOUR
	S S S E		E OR PRINT)		eo			Moran	ľ	OF ESTI- DEATH MATED	_		80	HOUR
	PLEAS FILE HOUR STREE	3 SE	(4 RACE	S. DATE OF BIRTH	6. AGE (IN		DER 1 YR. IF UND		c. DATE	MONTH	DAY		HOUR
	ARY, DIRECTOUR ON S		ale	white	12 5	15 64		S DAYS HOURS		RONOUNCED DEAD	3	7 19	_ A	.0;03
	NECESSARY, PLEASE FUNERAL DRECTOR 5 FOR YOUR FILES WESTON STREET	7a. B	RTHPLACE (S REIGN COUNTRY)	ATE OR	74. CITIZEN OF W	HAT COUNTRY?		ED NEVER MA	RRIED	BALTIMORE CITY			TH 25	•
	S NECE PUNE	10. C	TY OR TOWN	OF DEATH	II. NAME OF HO	SPITAL, NURSING HOA	WIDOW AE, OR OTH		RCED 12a. USUA	Baltimo	re Ci	125. KIND (OF BUSINE	MD.
	PAGE BE FILE SS, 3301		Baltimo		Balti	More City]	lospit		FOR MC	SSKAY	/	OR INI	DUSTRY	
	2, AND 3 TO THE FU 3. RETAIN PAGE 5 5. SHOULD BE FILED, VI 1. RECORDS; 301 W	13a. S	TATE		ir other institution, o TY PLTO	13c. CITY OR TOWN	SION	13d. INSIDE CITY LIMITS YES NO		et ADDRESS 06 END	SLEI	GH	AVE	
	PATH PATH		THER'S NAME FIRST	Un	VK	LAST		15. MOTHER'S MA	IDEN NAME	UNK		LAST		
	AFTE NE P. H FO SION	16a. \ {Y	ES, NO, OR UNKNO	u	WAR OR DATES)	17.7.2	P35	17. INFORMANT ANNA	m.	MORAN	S	ABO	ve	
			18. CAUSE O PART I DE	F DEATH (Enter onl ATH WAS CAUSED		e for (o), (b), ond (c).)						APPRO: BETWEEN	ONSET AND	DEATH
	N 24 HOU VIEM 18. ALONG V I PERMIT. YGIENE, D		450	IMMEDIAT		rterissclen		cardiovas	scular	disease				
	ENTHIN AMINER A AMINER A TRANSIT ENTAL HYC REMOVAL			ns, if ony, which se to immediate	(b)									
	유 교 첫 첫 중 œ			stoting the under-	DUE TO, OF	AS A CONSEQUENCE	OF							
OE EVE	CHIEF MEDICAL IS USED AS A BURIN OF HEALTH AND A	NO	PART 2 OTHER SI	GNIFICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TE	MINAL OISEASE	OR CONDITION GIVEN IN	PART 1 (a),					
⋾	CHIEF A CHIEF A CHIEF A CHEA AL, CREA	CAT	19a. DATE OF	OPERATION	19b. COND	TION FOR WHICH OPE	RATION W	AS PERFORMED?				20. AUT	PSY?	
S	WORD WORD WORD SE US SURIAL, OF	FE	71a FYTERNA	L CAUSE WAS	21b. TIME O	E IN II IDV	121, NC	NA INTERPOSEUR	DED SAVERAN	ATURE OF INJURY IN ITEM 1		YES	NO.	
FICATE	S M C L	MIC		OR G CAUSE OF D		A. MONTH DAY YEA	AR ZIL. HC	W INJURY OCCU	KKED (ENIERNA	CTORE OF INJURY IN HEM IS	SPARI I OR PA	ART 2)		
HIS CERT	FE, WRITING THE WORR DRWARDED TO THE CI PAGE 3 SHOULD BE STATE DEPARTMENT CI 21201 PRIOR TO BURIAL	MEDICAL CERTIFICATION	21d. INJURY C		21e. PLACE	OF INJURY (AT HOME, ITORY, FARM, ETC.)		CATION		CITY OR TOWN	со	YTHUC	S	STATE
	NER: TI CATE, V FORW TOR: PA THE ST VD, 212		22a. I certif	y that I took charg	e of the remains de	scribed obove, held on	Autop	y , Inspec	tion XX	Inquiry , o	and in my of	pinion		
	AMINER RTIFICAT BE FO BE FO RECTOR: ITH THE YLAND, 3		death resulte	ed from: / Natur	alectuses XX	Accident , s	vicide	, Homicide		mined monner .	,			
•	MAR.		ACTUAL SIGNATURE	JAK	Jua	u	AA	D. Assista		AL EVALUED	DATE	3/	7/80	
	TO MEDICAL EXAMINER: EXECUTE THE CERTIFICATE PAGE 4 SHOULD BE FOR TO FUNERAL DIRECTOR: AFTER DEATH WITH THE BALTIMORE, MARYLAND, 2	1	EXAMINER'S	NAME HO	rmez R.	Guard, M.D							-	
	A PETIN	00.0	(TYPE OR PRIN	٧١)				ADDRESS		St .,Balto)•,MD	2120)1	
1	BP	230. B	PECIEY)	AL 2	3/10/8	23c. NAME OF C	LLY	H-1'L	23d. LOC CITY OF	RALT	COU!	INTY	4 BTATE	
	DHMH - 17	24. F	NERAL DIREC	TOR	ADDRESS				TE REC'D, BY R	REGISTRAR 256. REG	ISTRAR'S	SIGNATURE	10/1	
-	(VR A15 ME (5)) 30M 7/73	(ONWE	LLY	F.H.	300 M	ACE.	AVE MAF	1210	180 tring	Long /X	(Cread	4/	

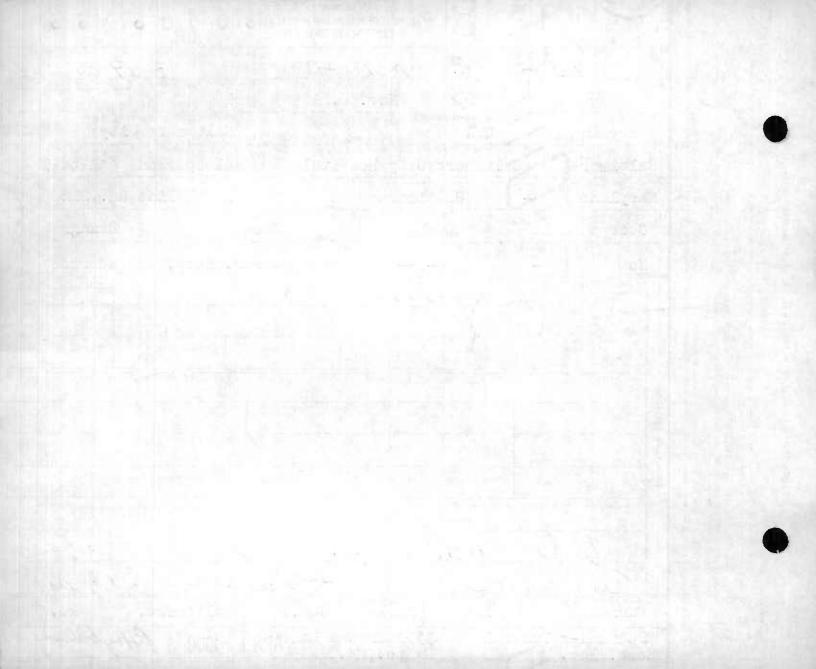
3 7 400 THE CONTRACT OF THE PARTY OF TH 1.2.0 o. 1. o.o. i THE RESERVE TO SERVE WOLL WENT WATER TO THE PART I COUNTY TO THE TANK OF THE PARTY OF TH nin a process en la casa de la calcada d A Maria A. Maria E De La La Maria de La Lera A. Estado A

8		1.	FOR STATE REGISTRAR	DEP	ARTMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	HYGINE U	06953	
4 may be	br, page 3 frer death e.		M	4 RACE	S DATE OF BIRTH MONTH MAY 28, 1910 VEAR	20. DATE OF DEATH 6. AGE (IN YEARS LAST BE		HRS MIN
r desth. Page	900 Ja 900 S		Male RTHPLACE STATE OR FOREIGN OUN AND LAND	yy White 76 CITIZEN OF WHAT COUN U.S.A,	MARRIED NEVER MARRIED WIDOWED DIVORCED	Baltin	OR COUNTY OF DEATH	MD.
1201 hours afte	in by the filed will	USU	AL RESIDENCE IN NURSING HOME OR	North Char	URSING HOME OR OTHER INSTITUTION STREET ADDRESS) Les Gen. Hospital BEFORE ADMISSION)	Refire ges		2 2
RYLAND 2	etely filled 2 should be lexaminer		ATHER'S NAME	HITY 13c CITY OR Ball	YES NO 15 MOTHER'S MAIDER	3507	Bellevale Are	
AORE, MA	ages 1 and 2	16a V	Dominie VAS DECEASED EVER IN U.S. AR	- Mon	SECURITY NO. 17 INFORMANT	ADDI	Cicatel Same	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 IDING PHYSICIAN: The law requires that the death certificate be executed within 24 hour strending physician.	igned by the attending physicia in please remove carbon papers. burial, cremation, or or removal. injury, or other traumatic event		Conditions, if ony, which gove rise to immediate couse to!, storing the underlying cause lost.	DUE TO, OR AS A CONS	sequence of Strmach with	TERMINAL DISEASE OR COM	MAPROXIMATE INTERIVAL BETWEEN ONSET AND DE	Атн
The law re	te has been si permit. Then tene prior to shows any i	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WI	HICH OPERATION WAS PERFORMED	286 AUTOPSY?	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH	?
ON OF VITA PHYSICIAN ng physician.	is certifica ial-transit fental Hyg or Item 18	MEDICAL CER	218. ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. MONTH	DAY YEAR	CURRED (ENTER NATURE OF IN)		
DIVISION ENDING PR	DR: After th se as the bur tealth and M 1 is marked	MED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK 220.1 certify that (1) (this hospit	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OF tol) oftended the degleosed fr	2///	city of to	31 / 19 8 , that (I) (we	
TAL SA ATT	RAL DIRECTO detached for us tate Dept. of H		sow the deceosed alive on obove, (I) (we) (did) (did no 22b. SIGNATURE	Ritm	DEGREE ATTENDIN PHYSICIA	NG MEDICAL ST/	dote and hour and from the couses state 22c. DATE SIGNED AFF ICIAN S S S S S S S S S S S S S S S S S S S	id .
TO HOSPI	E S CO E	22- 1	22d. PHYSICIAN'S NAME (TYPE OF	LIMTOS	220 ADDRESS NOW 221 NAME OF CEMETERY OR CREMATO	Cheles	general troys to	l
В		(Burial	4/3/80	Moreland Mem Par	rk Balti	more, Maryland STATE	
	HMH-16 25M RA 15, 4) 1/79	24 F	UNERAL DIRECTOR NAME Leonard J Ruck	ADDRES	ss	APRI 1980	256. REGISTRAR'S SIGNATURE	



1111 E WHITE MARKED 12 927 WARRED OF STREET CELTIMORE CITY RAKTIMORE CHURCH HOSPITAL MICKENION PARTIDICE & ICH ENSTERN BILL TANKALE L I THE HOLD OF KELLING COURSE IN America of the second state of the second se

	1-	FOR STATE REGISTRAR		DEPART		EALTH AND MENTAL HYO	REG. N	0 6 9	5	5
4 10		CEASED NAME FIRST EZSIE		A .	imon	GAN	20. DATE OF DEATH	MONTH DAY	YEAR 21	b HOUR
A COLUMN TO THE	3 SE		4 RACE	ν	5 DATE C	The state of the s	6 AGE (IN YEARS LAST BIR	THDAY) IF UN MONTH		FUNDER 24 HRS
0 1 1 3		RTHPLACE (STATE OR FOREIGN Maryland	76 CITIZEN OF	WHAT COUNTRY	2 8	□ NEVER MARRIED □	Baltimore city of			MD.
100 me offer at the last me of the state of the last me of the las	В	altimore	Balti	more Ci		spital	174 USUAL OCCUPAT		Reta	BUSINESS OR
AND 215	M	at RESIDENCE (IF NURSING HOME O	ROTHER INSTITUTION	Baltim		134 INSIDE CITY LIMITS?	4814 Mies	line Rd	.,212	:06
MARYL male ted within ted within ted within tend 2 significance 2		George	MIDDLE	Kagle			rah MIDDLE		inn'i'x	5
be execution on ond con ond co	16a V	VAS DECEASED EVER IN U.S. AF (ES, NO OR UNKNOWN) (IF YES, GIV NO —	RMED FORCES?	214-12		Doris Reis	ser,niece,			
ST., BAL rthficate g physicis on poper emovol.		18 CAUSE OF DEATH Enter on PART I. DEATH WAS CAUSE IMMEDIA	nly ane cause pe ED BY: TE CAUS ARI	r line far (a), b, o	PIRATO	A ARRE	57		APPROXIMA BETWEEN ONS	TE INTERVAL SET AND DEATH
that the death ce that the other cease remove carbol cremation, or r other troumatic		Conditions, if any, which gave rise to immediate couse in stating the underlying cause last	(b)_	DR AS A CONSEQU						
RDS, 2C equires on signed. Then plur to burn injury, o	NOI	PART 2 OTHER SIGNIFICANT	CONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CON	IDITION GIVEN IN	N PART 1(a	
ALRECO	CERTIFICATION	19a DATE OF OPERATION	196 CONE	DITION FOR WHICH	H OPERATION	N WAS PERFORMED	200 AUTOPSY? YES NO	20b. IF YES, WE IN CERTIFYING YES	CAUSES OF	
DIVISION OF VITAL RECORDS NG PHYSICIAN: The low requir of tending physicion. ther this certificate has been sig as the burnal-transit permit. Then th and Mental Hygiene prior to be orked or Item 18 shows any injur		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A	DF INJURY I.M. MONTH E I.M.	DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	IRY IN ITEM 18, PART 1	OR PART 2)	
DIVISION DING PHYS or otherdin After this e as the bur althound Me	MEDICAL	216 INJURY OCCURRED WHILE NOT WHILE AT WORK	21e, PLACE (AT HOME, S	OF INJURY TREET, FACTORY, OFFICE	, FARM, ETC.)	214. LOCATION STREET	CITY OR TO	WN C	OUNTY	STATE
attenblingspiral or CTOR: A lfor use a lfeelth of Health		22a.1 certify that (f) (this hasp sow the deceased olive on abave, (1) (we) (did) (did no		11		d that in (my) (our) opinion	deoth accurred an the d	ate and hour and		ot (I) (we) lost uses stoted
SPITAL OR A J by the ho NERAL DIRE be detached e State Dept TANT: If term		22b. SIGNATURE	A	usl	- >	ATTENDING PHYSICIAN	MEDICAL STA	FF	3-2	920
TO HOSPITAL retained by th TO FUNRAL should be deti		22d. PHYSICIAN'S NAME (TYPE	UVAL			4940 Ex	Hen Ave	bal	A n	40
7644 BP	. (:	Burial Burial	4/1/	80 P	arkwo	od Cem.,	Bartino			1 . STATE
DHMH - 16 60M 1/75 (VR A 15 (4))		Schimumek Fu	neral	м 3 :33 Ва1	1 Bre	hms Lane Api	R 1 1980	TIEFT TO	Male	wely



must be notified at once.

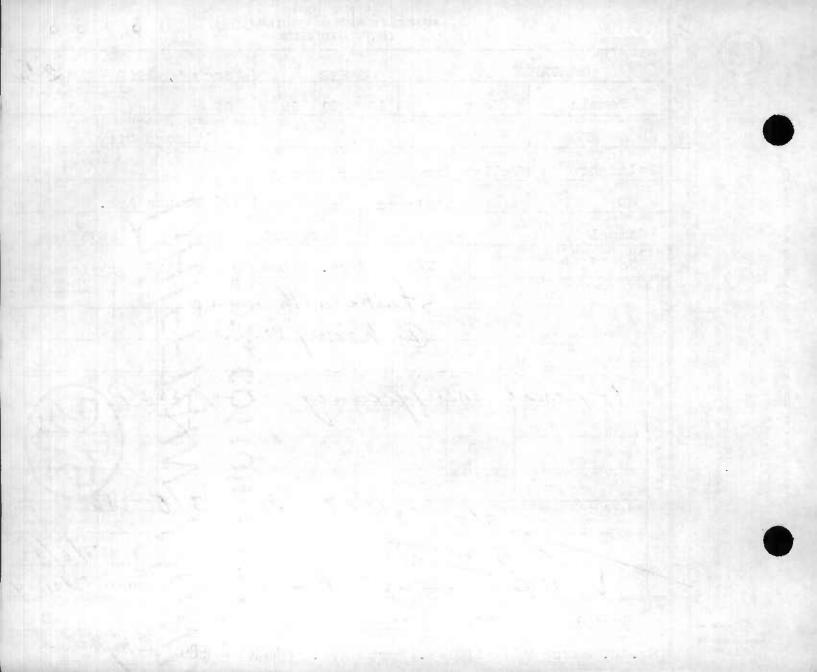
MATCHEART If mem 21 is marked at Item 18 shows any injury, at other troumatic event, the

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

)	1 -	FOR STATE REGISTRAR		DEPARTM		EALTH AND MENTAL H		0 6	9 5	6
		CEASED NAME FIRST	T LJ H	MIDDLE	i	AST	20. DATE OF DEAT		Y YEAR	26 HOUR
	(1112	MARGARI	ET		MC	RRIS	March	5, 1980		2. AM
Я	3. SE		4 RACE		5. DATE C		6. AGE (IN YEARS LAS		UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
		Female	Neg	ro	10	31 90	89	YRS	NINS DATS	HOOKS MIN.
1		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIE	NEVER MARRIED	9 BALTIMORE CI	Y OR COUNTY O	F DEATH	
5		MD		SA	WIDOWE	DIVORCED [more Ci	ty	MD.
0	-	altimore	(IF NOT IN SUC	HOSPITAL, NURSING HEACILITY, GIVE STREET A VIEW N	(DDRESS)	ng Home	TYPE OF WORK FOR ME		126. KIND O INDUSTRY	F BUSINESS OR
5	USUA 13a. S	AL RESIDENCE (IF NURSING HOME OR TATE 186 COUNTY)	OTHER INSTITUTION	GIVE RESIDENCE BEFORE 131. CITY OR TOWN Baltimo	ADMISSION)	13d INSIDE CITY LIMITS? YES NO [305 Le	ss nnox Ay	e.	
-	14. FA	THER'S NAME	AIDDLE	LAST		15. MOTHER'S MAIDEN I	MIDD	LE.	LAS	ī
1		Samuel		William	ıs	Margare	t Myer	S	Will	iams
2		VAS DECEASED EVER IN U.S. AR. ES, NO OR UNKNOWN) (IF YES, GIVE	MED FORCES? WAR OR DATES)	166 SOCIAL SECUI	RITY NO.	17 INFORMANT		DRESS		
-		No		N/A		Mrs. Alice	e Cooper	9115 Ga		MATE INTERVAL
		Conditions, if any, which gove rise to immediate cause (a), stating the underlying couse last	DUE TO, O (b) DUE TO, O (c)	R AS A CONSEQUE R AS A CONSEQUE	NCE OF	e mith	Coma.			
	NO	PART 2. OTHER SIGNIFICANT C	ONDITIONS CO	NAUL 1	EATH BUT	NOT RELATED TO THE TE	RMINAL DISEASE OR C	SCUL	PART 116	
2	MEDICAL CERTIFICATION	190 DATE OF OPERATION	196 COND	TION FOR WHILE	OPERATIO	N WAS PERFORMED	20a. AUTOPSY? YES NO	20b. IF YES, V IN CERTIFYII YES	WERE FINDIN NG CAUSES	OF DEATHS
2	AL CER	2) a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	21b. TIME O HOUR A.	M. MONTH DA	Y YEAR	21c. HOW INJURY OCC	URRED (ENTER NATURE OF	INJURY IN ITEM 18, PART	T 1 OR PART 2)	
	EDIC	21d INJURY OCCURRED	21e. PtACE			211 LOCATION STREET	CITYO	R TOWN	COUNTY	STATE
	×	AT WORK NOT WHILE AT WORK	(AI HOME, SIE	REET, PACTORY, OFFICE, PA	ikm, ETC.))	1-	67	STATE
		22a. I certify that (I) (this hospit tow the decoased alive an above, (I) (will talk) (did no 1th SIGNATURE	view the body	19.0		nd that in (my) (aur) opini DEGREE ATTENDING PHYSICIAN		7.5		that (I) (we) last couses stated
-		V. Ng	40	10	V	6 4	nlow of	1 Tons	m 12	12/204
9,8	230. B	urial, cremation, removal Specify) Burial	3/8/8			emetery or cremator	TOWSO	n	OUNTY	MD
	24. FU	JNERAL DIRECTOR	10,0,0	ADDRESS	1000	75a. C	ATE REC'D. BY REGIST	RAR 25h RESSETRA		
	W	m. C. March	F/H 1:	101 E. N	orth	Aye. M	AR 1 2 1981	freque	y/xel	Modely

BP. DHMH - 16 50M 1/76 (VR A 15 (4))



	THREE LAND.
# addres 100 -1 -012 1	
A CANAL STATE	

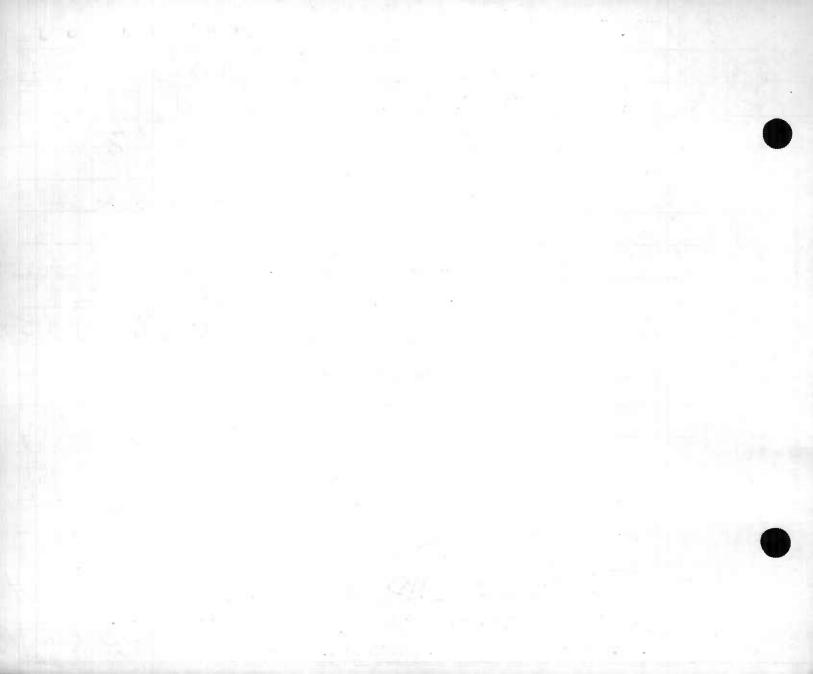
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE . STATE CERTIFICATE OF DEATH REGISTRAR REG. NO MIDDLE 20 DATE OF DEATH MONTH DECEASED NAME 2h HOUR TYPE CIK PROVID LYDIA F. MORRISSETT March 3 1980 3:45 AM 6. AGE (IN YEARS LAST BIRTHDAY) 4 RACE 5 DATE OF BIRTH 3. 5EX HOURS August 30 1899 80 White Female 9 BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Baltimore City U.S.A. Maryland DIVORCED WIDOWED X 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126 KIND OF BUSINESS OR HOME MAKE POR WAR DE WORKING LIFE) Baltimore S. Athol AVE. G. A.P .H. INDUSTRY DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ISUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13 STEFF ADDRESS 13d INSIDE CITY LIMITS? Baltimore Baltimore Maryland YES 📉 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MPDLE Katherine Leutbecher Froeb Henry 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 66 SOCIAL SECURITY NO General German Aged Peoples Home 17 INFORMANT (YES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 214-30-2654 Mr. Herbert Stuenkel 22 S. Athol Ave APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE ID DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate 101, stoting the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH OUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 0 pria. 190 DATE OF OPERATION 196 CONDITION FOR WHICH OFFERATION WAS PERFORMED 20a AUTOPSY? 206 JF YES, WERE FINDINGS USED DECERTIFYING CAUSES OF DEATH? be YES [NOL sho Нуди 210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 80 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH Mental MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 21f. LOCATION 71d INJURY OCCURRED 21e. PLACE OF INJURY 0 (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OF TOWN COUNTY STATE NOT WHILE 22a. | certify that (1) (this hospital) attended the deceased from_ sow the deceased alive on above, (I) (we) (did) (did not) view the body after a ath. ond that in (my) (our) opinion death occurred of the date and hour and from the couses stated 175 SIGNATURE DEGREE 27L DATE SIGNED MEDICAL ATTENDING PHYSICIAN DIRECTOR PHYSICIAN should be det with the State IMPORTANT. METHITSICIAN SNAME TITE CHINA 22e ADDRESS 5772 Westview Mall Balto. Md. M.D. William J. Bryson 23d. LOCATION 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY (SPECIFY) Baltimore 3/6/80 Maryland Loudon Park Burial 25a. DATE REC'D. BY REGISTRAR 25b. RESULTBAR'S SIGNATURE 24 FUNERAL DIR 1990 Edmondson Avenue Balto. 21228 DHMH - 16 60M 1/75 (VR A 15 (4)) WITZKE FUNERAL HOME of CATONSVILLE

(6)

and the same of th Tables one in . A. S. V. J. B. . W. fends . B. W. 105 of the American Control of the C The transfer of the second of Cart of the man and the control of t and the state of t SCALC Telegraphy of the party o

	70/92	description of	Assess .
	•	Name of the Control o	
VIA. LANCE	у.		
ALL ALL MED THOSE	military that	to the district of the second	ar ordal of
705 Silver and Termonia	a e e e e e e e e e e e e e e e e e e e	1	181
A Section of the section of	Manik	Magazina .	1,054,7
	The Seattle St.		
			1 54.1

DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG NO MIDOLE LAST 1 DECEASED NAME FIRST 2s. DATE OF DEATH MONTH 2h. HOUR (TYPE OR PRINT) SHIPRLEY MORTON 4 RACE S DATE OF BIRTH 3. SEX IF LINDED I YEAR IF LINIOEP 24 MPS . AGE (IN YEARS LAST BIRTHDAY) MONTH YEAR HOURS 9 25 38 BITHPLACE **BALTIMORE CITY OR COUNTY OF DEATH** ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY MARRIED NEVER MARRIED COUNTRY MD WIDOWED DIVORCED IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION IZEKIND OF BUSINESS OR 12ª USUAL OCCUPATION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) Baltimore University Hospital USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a STATE 136 COUNTY 13c. CITY OR TOWN 130. STREET ADDRESS 134. INSIDE CITY LIMITS? MD 4228 Evans Chapel Road Baltimore YES TX NO [14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME ~ MIDDLE LAST MIDDLE Purnell Clark Emily Washington ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? IN SOCIAL SECURITY NO 17. INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 213-32-5615 No Arthur J. Morton 4228 Evans Chapel APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) IMMEDIATE CAUSE 10 DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which cause (a), stoting DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) DIVISION OF VITAL RECORDS, **IFICATION** 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 19h. CONDITION FOR WHICH OPERATION WAS PERFORMED à IN CERTIFYING CAUSES OF DEATH? NOF YES [NO I Hygie CERT 21m ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 MEDIC/ 214 INJURY OCCURRED 21f LOCATION 0 21a PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OF TOWN COUNTY STATE NOT WHILE WHILE AT WORK AT WORK 220.1 certify that (1) (this hospital) attended the deceased from saw the deceased alive on. and that in (my) (aur) opinion deoth accurred on the date and hour and from the causes stated obove, (1) (we) (did) (did not) view the bady after death Dept 226 STGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL be deto PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 224 PHYSICIAN'S NAME TYPE OF PRINT 220 ADDRESS ould be Sho 231 NAME OF CEMETERY OR CREMATORY 23d. LOCATION 230. BURIAL CREMATION, REMOVAL 23b. DATE CITY OF TOWN COUNTY Burial MD Co. Park Baltimore BP 180 King Mem 250. DATE REC'D. BY REGISTRAR 250. RESISTEMP'S SIGNATURE 24 FUNERAL DIRECTOR DHMH-16 20M 1101 D. North Ave. March F/H (VRA 15, 4) 7/7B



CONTRACTOR OF THE RESIDENCE OF THE PARTY OF

	1-	FOR STATE REGISTRAR			DEPART	MENT OF H	OF MARYLAND EALTH AND MENTAL H ICATE OF DEATH		REG. NO			6 2
E 40	1. DE	CEASED NAME OR PRINT)	FIRST PATRI		A a		ULLIN	20. DATE C	OF DEATH A	3 19	80	26 HOUR 4:50 PM
M)	3. SE	F	1	White	~	5 DATE O	v. 5, 1936	43	YEARS LAST BIRTH	YRS.	UNDER I YEAR	IF UNDER 24 HRS
II IS		RIHPLACE (STATE OR FO	DREIGN 7	b. CITIZEN OF V USA	WHAT COUNTRY	? 8 MARRIEI WIDOWE	NEVER MARRIED		ORECITY OF 1 timor			M
by the full filled - filled - filled		TY OR TOWN OF DEA	TH 1		SAMATTE		TOTHER INSTITUTION	120 USUA	OCCUPATION AGEST OF	WORKING LIFE)	126. KIND C INDUSTRY Dalt	of Business Or Co City
filled in bould be fi	USU. 13a. S	AL RESIDENCE (IF NURS	13b. COUNT	OTHER INSTITUTION,	GIVE RESIDENCE BEFO	"City	13d. INSIDE CITY LIMITS	? 131 STREE	Burnw	ood Rd	. 2123	39
ond 2 sh	14. FA	THER'S NAME FIRSTJOHN	B/ Han	rris	LAST		Theresa	NAME	MIDDLE		LAS	ș T
Poges 1 c	16a. V	VAS DECEASED EVER		AED FORCES?	166 SOCIAL SEC 217-34		Mr. John T	. Mulli	addres		urnwoo	d Rd.
n signed by the attending physicia. Then please remove carbanpopers to burial, cremation, ar removal. injury, or other traumotic event, the	z	Conditions, if ony, gove rise to imm couse (o), stohn underlying couse	which nediate ig the lost	(b)	RAS A CONSEQUENCE AS A CONSEQUENCE ON TRIBUTING TO	CRAVIA UENCE OF	M RSS Z		SE OR COND	DITION GIVE	N IN PART 1	0)
permit.	CERTIFICATION	198. DATE OF OPERA	TION	196 COND	ITION FOR WHIC	H OPERATIO	N WAS PERFORMED	200. AU	TOPSY?			NGS USED S OF DEATH?
his certificate burial-transi	MEDICAL CER	21a. ACCIDENT WAS UNK OR CONTRIBUTING (IF EITHER, NOTIFY MEDIC 21d. IN JURY OCCUR! WHILE AT WORK AT WORK	CAUSE OF DEAT ALEXAMINER) RED	P.,	M. MONTH I M.	19	211. LOCATION STREET	CURRED (ENTER	CITY OR TOW		COUNTY	STATE
RAL DIRECTOR: After the detached for use as the last Dept. of Health and NT: If them 21 is marked		220.1 certify that (1) saw the decease above, (1) (we) (c 22b. SIGNATURE	(this hospite	3/1	ofter death.	£0.01	nd that in (my) (our) opin DEGREE ATTENDIN PHYSICIAI	G MEDICA		F	ond from the	that (I) (we) lo couses stated ESIGNED
TO FUNERAL should be dete with the State		224. PHYSICIAN'S N.					22a. ADDRESS	OMARITAN				
P	230	BURIAL, CREMATION,	REMOVAL	236. DATE 3/24			emetery or cremato	В	CATION FORTOWN alto C	ity	OUNTY	STATE
MH - 16 25M	24. F	UNERAL DIRECTOR	- 3 - 6 -	3 4 71	C F CHOOPESS	1 70-1	254	PATE RECIDIOS	BOUAR	25W NES WITH	THE SIGNA	rene

DHMH - 16 25M

(VR A 15 (4)) 9/74

Mitchell-Wiedefeld Home-6500 Rt Rd. 21212

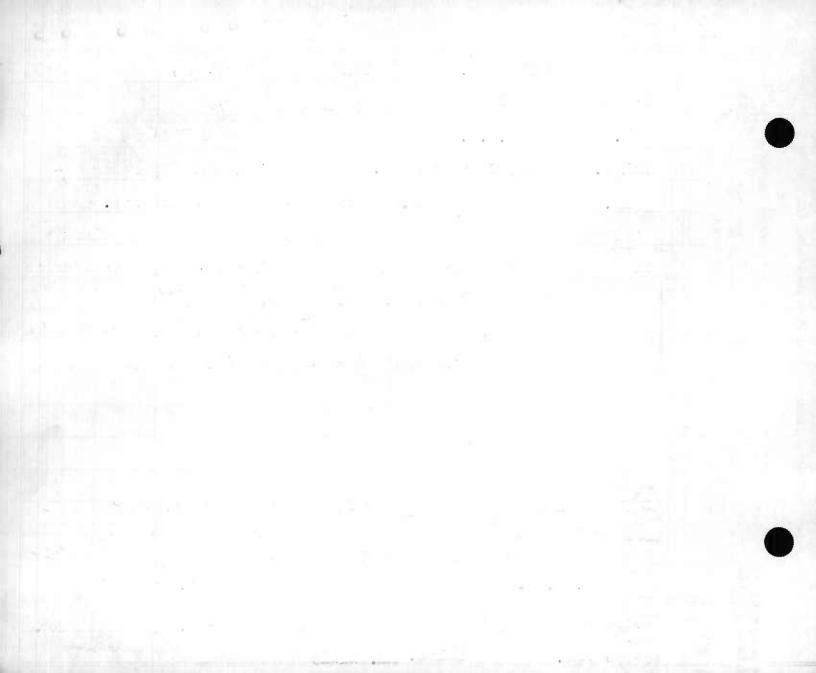
the Roman Co-left will be with the Sky-t

STOLE OF U.S. STORY AND AND PRINCIPLES a Track parties a second

		= = = = = = = = = = = = = = = = = = = =		0."
-			ē	hontron
ers one ma	#C. \$26.11 BH			Aso 3: T
al refe			pr + -	
tell	r.12 ave.			
Noon Male 11th	to home . I dentes it had to			
	nuncal valuations!			

Home,

(VRA 15, 4) 7/78



	1.	FOR	DEPA	STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL HY	GIENES O O	6 9 6 6
20	11-	STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
(PM)		CEASED NAME FIRST	WIDDLE	NAUJOLIS	20. DATE OF DEATH MONTH D	26. HOUR
1	3. SE2	MONIC	4. RACE	S. DATE OF BIRTH		FUNDER I YEAR FUNDER 24 HRS
ge 4 mrs after		FEMALE	CAUCASIAN	MONTH DAY YEAR	83 YRS.	AONTHS DAYS HOURS MIN.
death. Page uneral direction 72 hours	C	RTHPLACE (STATE OR FOREIGN DUNTRY)	76 CITIZEN OF WHAT COUNT LITHUANIA	RY? 8 MARRIED NEVER MARRIED WIDOWED DIVORCED	9. BALTIMORE CITY OR COUNTY BALTIMONE	
Vie with	10. CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUI	RSING HOME OR OTHER INSTITUTION REET ADDRESS)	126. USUAL OCCUPATION	126. KIND OF BUSINESS OR
in by the filed		ALTI MORE AL RESIDENCE (IF NURSING HOME OR	CENTURY OTHER INSTITUTION GIVE RESIDENCE B		SEAMSTRESS	
. 24 ho filled i pould be	130. 5	TATE 136. COUN	IS ALT	YES NO	130. STREET ADDRESS 15 5. EXET	ERST
d within mpletely and 2.sh	14. FA	THER'S NAME FIRST UNKNOWN	MIDDLE LAST	15. MOTHER'S MAIDEN N	AME MIDDLE	LAST
MORE, M n and car Pages 1 a		VAS DECEASED EVER IN U.S. AR	WAR OR DATES!		ADDRESS CEN	TURY HOME, INC.
LTIM cian cian ers. P		18 CAUSE OF DEATH (Enter or			ILID TOZ N. TAOA	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ficate popularion de la contenta del contenta del contenta de la contenta del contenta de la contenta del contenta de la contenta del contenta de la contenta de la contenta de la contenta del contenta de la contenta de la contenta del con		PART I. DEATH WAS CAUSE	DBY:		vascular dise	
certii certii rbon r ren		LL 2 9 2 IMMEDIA			- Unit Control of the Control	
re co on, o		Canditions, if any, which	DUE TO, OR AS A CONSE	QUENCE OF		
e of anovinos		gave rise to immediate cause (a), stating the	(6)	OUTUGE OF		
W. I to the service of the service o		underlying cause last.	DUE TO, OR AS A CONSE	GUENCE OF		
301 es th plea priol		PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION GIV	EN IN PART 1(0)
duir sign	NO	1.4 - 4	en soon			
been mit. prior	CERTIFICATION	190. DATE OF OPERATION		IICH OPERATION WAS PERFORMED		, WERE FINDINGS USED YING CAUSES OF DEATH?
ws ber h	F					S NO
N: The hysicion. icote hos ronsit pee Hygiene 18 shows	18	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY		RRED (ENTER NATURE OF INJURY IN ITEM 18, P	ART 1 OR PART 2)
SICIAN: T ng physici certificate ritiol-transi ental Hyg		OR CONTRIBUTING CAUSE OF DE.		DAY TEAK		
0 > 5 0 0 5 5	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY	211. LOCATION	CITY OR TOWN	COUNTY STATE
VISIO	X	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OF	FICE, FARM, ETC.)	CITORIOWN	COUNT
ATTENDING aspital or other control or other case as the dear use as the control of the control o		22s.1 certify that (#) (this hasp	ital attended the deceased fro	om 3-30- 1931	10 3 - 10 -	19.80_, that (1) (we) last
TEN F A C C C C C C C C C C C C C C C C C C		saw the deceased alive an	3-10-		n death accurred an the date and hav	r and fram the causes stated
		22b. SIGNATURE	the bady after death.	DEGREE		224. DATE SIGNED
AL DI HE De Tr. H. H. Tr. H. H. Tr.		Schendie	P. Paluchu	h' MD ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	3-10-80
HOSPITAL ined by t FUNERAL old be def on the State		22d. PHYSICIAN'S NAME (TYPE C		3116 F NOP-	MANDY WOODS	
0 0 0 = 0		SURENDRA PR	PARAD PARUCH	TORI DIO EZ	MANDY WOODS	1-21043.
Op Op S	23a.	BURIAL, CREMATION, REMOVAL	. 23b. DATE	23c. NAME OF CEMETERY OR CREMATORY		COUNTY STATE
BP		BURIAL	03-13-80	CEDAR HILL	BROOKLYN PK.	A.A. MD.
302 DHMH - 16 25M	24. F	UNERAL DIRECTOR	ADDRES	21229 25e. D.	ATE REC'D. BY REGISTRAR 256. HEGG	485 HOURING
(VR A 15 (4)) 9/74	Н	JBBARD FUNERAL	HOME, INC. 410	7 WILKENS AVE.	4K I I 1980	/_/

11 98 87 8	213513910		31,1314
83	11 17		C. C. C. C. C. C.
LUMBER MELL	×	211242141 - 14	Marine Marine
Expr. 11 6.5		VSDST CE	SOMMORE
IS S. EXCITER ST	X.	01240	011
CAUST	A34 (Aug.)		AND DIA NUASA
Every Mills	ENDUTE SEA	-13-111	0.7

HALL THE STATE OF THE PARTY OF MOSSIFIED FRANKLY SK. AND READERS A STATE OF THE DAY THE PORTS OF STREET STREET THE TREE CHITAGE IN THE THE PARTY OF THE PAR A COMMENT OF THE PROPERTY OF THE PARTY OF TH CHANGELLY EN SON MADE THE NPRY 1860 THEY KILLING

-X5-2		-						OF MAKTLAND				
X		1	1 -	FOR STATE REGISTRAR		DEPARTI		EALTH AND MENTAL HYDICATE OF DEATH	REG. 1	NO.	6 9	68
	(BAT	Ī	DEC	EASED NAME FIRST		MIDDLE	L	AST	20 DATE OF DEATH	MONTH D		Zh. HOUR
	3 161		11172	Mar	7		Na	Lavi	100	3 1	9 80	1/ Am
	may r de	3	SEX	_ V	RACE		S. DATE C	F BIRTY	& AGE (IN YEARS LAST BE		F UNDER 1 YEAR	IF UNDER 24 HRS
	Page 4 rector, irs afte			-		anc	MONTH	03 94	85	YRS.	ONTHS DAYS	HOURS MIN
-	dire dire	1	e. BIR	THPLACE (STATE OR FOREIGN 7	L CITIZEN OF	WHAT COUNTRY?	8	NEVER MARRIED	9 BALTIMORE CITY		OF DEATH	
	death 72 H	51	M	d, u.s.	L	1.5.		DIVORCED	B.	rto	Coty	MD.
	the full within	7	0 CIT	SG TO		HOSPITAL, NURSIN		ROTHER INSTITUTION	120 USUAL OCCUPA ITYPE OF WORK FOR MOST	OF WORKING CIFE		F BUS INESS OR
20	houn houn filed	- 4	JSUA	L RESIDENCE (IF NURSING HOME OR C				7,10				•
AND	filled build be	5	3e 5	Md	TY	Box 1	0	YES NO [H 3 C	ow.	Clin	to
MARYLAND 2120	mpletely ad 2 sho		4 FA	HER'S NAME ARST a drew	DOLE	Bun	5	15. MOTHER'S MAIDEN NA	WE		Schins	ide
RE,	d cor	71		AS DECEASED EVER IN U.S. ARA		166 SOCIAL SECU	IRITY NO.	17 INFORMANT	ADD	RESS	LE I	
NO W	Pages, the r			NO OR UNKNOWN) I IF YES, GIVE	WAR OR DATES)	215-50-	9683	James A.	Neary, son	.same	addre	ess
, BALTIMORE,	hysicia hysicia apers. noval.	Ī		18 CAUSE OF DEATH (Enter DRI) PART I. DEATH WAS CAUSED	y Dne cause pe BY			' /	6.	1400		MATE INTERVAL ONSET AND DEATH
1 ST.	h cer ing pl oon p or ren			5779 IMMEDIATE	CAUSE (o)_	Card	211	Spirato	7			
PRESTON	deat tend cark on, o			6100	DUE TO, C	OR AS A CONSEOU	ENCE OF	1 Wea for	s. lune		- 100	
PRES	the at move emati			Canditians, if any, which gave rise to immediate) (b)_			1000	911111			
	the re-			cause (a), stating the underlying cause last	1	R AS A CONSEOU	ENCE OF				4-77	
201	quires igned pleas burial			PART 2 OTHER SIGNIFICANT CO	ONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CO	NDITION GIVE	N IN PART 10	01
DS.	n s to	Į.	ĕ									
Ö	s bee nit. Ti prior	F	CERTIFICATION	190 DATE OF OPERATION	196 CONE	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	206. IF YES,	WERE FINDIN	NGS USED
2	e ha		Ĭ						YES NO		ING CAUSES	NO [
DIVISION OF VITAL RECORDS, 201 W.	PHYSICIAN g physician. this certificat urial-transit p Mental Hygin	1		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER)			AY YEAR	216 HOW INJURY OCCUR	RED JENTER NATURE OF IN	IURY IN ITEM 18, PA	RT I OR PART 2]	
O			MEDICAL	216. INJURY OCCURRED	21e PLACE	OF INJURY		211 LOCATION	CITY OR 10	OWN	COUNTY	STATE
NISI NISI	attending attending R: After th as the bure alth and N is marked		₹	WHILE NOT WHILE AT WORK	I AT HOME, S	REET, FACTORY, OFFICE.	FARM, ETC)	SINCEI	CITY OR II	JWN	COUNTY	STATE
<u> </u>	DR: /			220.1 certify that (I) (this haspite	al) attended t	he deceased fram_		3/8 19 8	, 10	3/19	19 80	that (I) (we) lost
	cTO CTO of He	-		saw the deceased alive an abave, (1) (we) (did) (did got	3/	19_	80.0	nd that in (my) (aur) apinian	death occurred on the	date and hour	and from the	causes stated
	ALOR ATTEN the hospital or a AL DIRECTOR tached for use te Dept. of Hea	-1		226. SIGNATURE	view the odd	diter death.		DEGREE			22c. DATE	SIGNED
	YTAL yy the hy RAL D detach state D ANT: II			Str	lof	~~	07	ATTENDING PHYSICIAN [MEDICAL ST	AFF	3/1	9/80
	SPIT I by NER, Ne de e de e Sta	$\overline{}$		224. PHYSICIAN'S NAME (TYPE OR		_		22e. ADDRESS /	1 -11		-	,
	TO HOSPITAL OH A retained by the hospital TO FUNERAL DIREC should be detached for with the State Dept. of IMPORTANT: If Item			Sch	u de	atre"		Mercy 17	ogosta/			
,	To reta		23a B	URIAL, CREMATION, REMOVAL	23b. DATE		NAME OF C	EMETERY OR CREMATORY	236 LOCATION CITY OF TOWN		COUNTY	STATE
1/1) BP		(5	Burial	3/2	L/80 E	alto	., National		lto.,	Md.	SIAIE
010			24 FL	NEED DIRECTOR PROCESSION OF F	unono				TE REC'D. BY REGISTRA			TURE
	DHMH-16 25M (VRA 15, 4) 1/79			Home Inc	ullel.a.			Md 21213 M	IAR 2 4 198	pris	fly Mil	ECreody
		L				Dd			- 100		-	-

A INTO PILE 12 2 14 2 5 1 2 1 2 1 2 1 2 1 1 2 Bolto Meny Hospital Househall Com MI STATE STATE OF THE CHARLES Andres I some The Ender tesporated Carlos The second 3/0/2 - 3/0/2

#3		FOR STATE REGISTRAR				EALTH AND MENTAL HYO	REG. NO.	16969
	(TYP	CEASED NAME BET	TY	MIDDLE M,	NEI	BUHR	20 DATE OF DEATH MONT	14 80 650pm
	3. SE	×	4 RACE		5 DATE C		6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
deoth.		IRTHPLACE (STATE OR FOREIGN COUNTRY) Penna.	T T	WHAT COUNTS	MARRIEI		Baltimore Ci	
offer of the f		Baltimore	FIF NOT IN SUI	ltimore	City H	rother institution	128 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WOR SST BUYET	IZE KIND OF BUSINESS OR INDUSTRY May Co
MARYLAND 2120 ed within 24 hours mpletely filled in by ond 2 should be fill	130	IAL RESIDENCE (IFN OUR STATE Iary land	R OTHER INSTITUTION	I3c CITY OR TO Balti	OWN	134 INSIDE CITY LIMITS? YES X NO [13e STREET ADDRESS 1109 Steelto	on Avenue
completely fond 2 sh		ATHERS NAME FIRST	MIDDLE	VanLoo	n	15. MOTHER'S MAIDEN NA FIRST Margaret	ME	Wilde
BALTIMORE, INER one be execut spers. Poges I vol. t, the medicol		WAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES? E WAR OR DATES)	166 SOCIAL SE	CURITY NO.	17 INFORMANT Betty Woods	ADDRESS 1710 Dundalk	Avenue Apt B-1
: 54 400 5		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	nly one cause pe ED BY: TE CAUSE (0)	r line for ras, (b).	and ic	monarev	ARREST	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
no other		Canditions, if ony, which	DUE TO, C	R AS A PUSE	pirato	er FAILU	RE+ copious	SECRETIONS
I W. PREST		gave rise to immediate cause (a), stating the underlying cause lost	DUE TO, C	Thronic	DUENGE CÉ	ictive Pulmo,		
20 EE E T D D D D D D D D D D D D D D D D	N N	PART 2 OTHER SIGNIFICANT	1-1					ON GIVEN IN PART 1(0)
PULISION OF VITAL RECORDS, RETERASED BY M NG PHYSICIAN: The low requir one the physicion. Ifter this certificate hos been sign os the buriol-tronsit permit. Then th and Mental Hygiene prior to b orked or Item 18 shows ony injury	CERTIFICATION	19a DATE OF OPERATION	196 COND	ITION FOR WHI	ICH OPERATIO	N WAS PERFORMED	200 AUTOPSY? 20b	IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES \(\text{NO} \)
N OF VITAL RISELD SICIAN: The lang physicion. certificate hos uniol-tronsit per lentol Hygiene Item 18 shows		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE.		OF INJURY .M. MONTH	DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN II	
PEELI PDING PHYSIC or offending After this ce e os the buri	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE	OF INJURY REET, FACTORY, OFFI		211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
ENDI ol or ol or ol or use Heol		220.1 certify that (1) (this hosp		19		d that is (my) (our) opinion	death occurred an the date of	, 19 , that (I) (we) lost and hour and from the couses stated
OR A he hos DIREC oched Coched Coched Coched If hem	7.5	above (i) wet (did) (did no	nac A	ofter death.		DEGREE ATTENDING	MEDICAL STAFF	22c. DATE SIGNED
O HOSPITAL etoined by the TO FUNERAL with the Store	1	27d. PHYSICIAN'S NAME (TYPE O	OR PRINT)	July .	1	PHYSICIAN [DIRECTOR PHYSICIAN	
TO HOSE retoined TO FUNI should be with the MADORIA	23a	BURIAL, CREMATION, REMOVAL	23b. DATE		30 NAME OF C	EMETERY OR CREMATORY	23d. LOCATION /	ALT. Md.
2636 BP	74 F	Burial UNERAL DIRECTOR	3/18	3/80	Oak	Lawn IZSa DA	Baltimore TEREC'D. BY REGISTRAR 256. F	Mary land
DHMH - 16 60M 1/75 (VR A 15 (4))	1	Walter Dabrows	ki 100)5 Dunda	lk Aven	ue MA	R 1 8 1980	intry Mc Cready

gall section			. unuma
93, Yell 2 20 (4) 1 mg.	arovigao	n vál. avom slák	Sarata Lad
1109 Steelann Avenue		page 11 mil	Carrie (1)
oldTi	357233.0	nuo las-	Josta F
171 gamda Ek Avenue Apt	net ty heeds		Gu Su
775			

martinore samulation

12/22/20

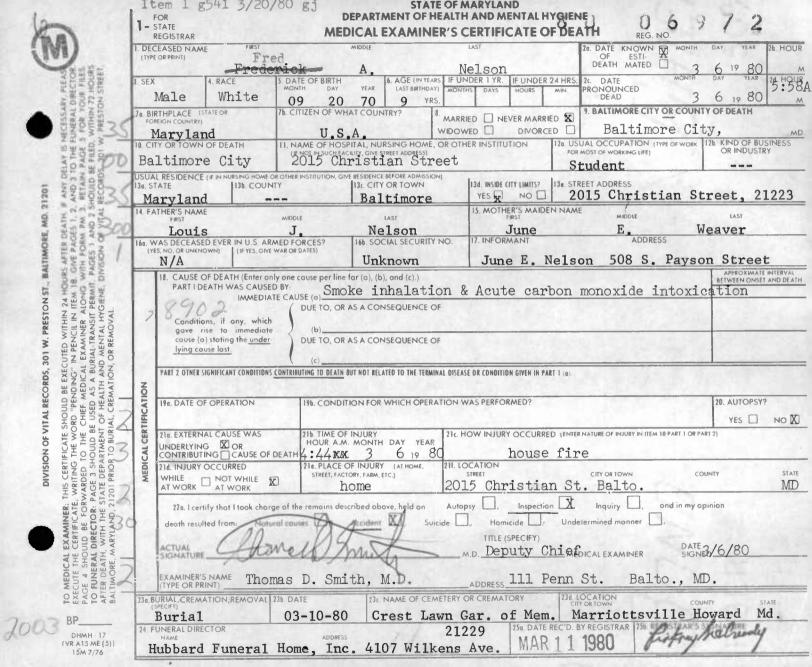
nurigi Lie ed Laurious anter Daurious 1995 Jundais Avenue

FOR

Unit of the Publishment of the State of the otter i grant i beg, vet gitt midbere yvi. . MAR E i 1880 Jing

(0)	1 -	FOR STATE	DEPAR	DEPARTMENT OF HEALTH CERTIFICAT RY B. NELSON S DATE OF BIRT MAY 24 HAT COUNTRY? 8 MARRIED SPITAL, NURSING HOME OR OTH SUITY, ONE STREET ADDRESS! SPITAL, NURSING HOME OR OTH SUITY, ONE STREET ADDRESS! IS A CONSTRUCT OR OTH STREET ADDRESS! IS AN INTERPRETADERS SINDING SET TO TOWN LEST STREET ADDRESS! IS AN INTERPRETADERS SINDING SET TOWN LAST IN STREET ADDRESS! IS AN INTERPRETADERS SINDING SET TOWN LAST SAN SOCIAL SECURITY NO. 17 IN IN STREET ADDRESS! SAN SOCIAL SECURITY NO. 17 IN IN STREET A		HYGENE ()	0 6 9	71
		REGISTRAR CEASED NAME FIRST OR PRINT)	MADY P	LAS		REG 20 DATE OF DEATH		YEAR 26 HOUR
(4)	3 SE		4 RACE	5 DATE OF	BIRTH	6 AGE (IN YEARS LAST B		NDER I YEAR OF UNDER 24 HR
recto urs et			hite	May 2		83	YRS	
To die Po	C	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	MARRIED	NEVER MARRIED	9 BALTIMORE CITY		
tune thun	_	aryLand TY OR TOWN OF DEATH	USA 11. NAME OF HOSPITAL, NURS	ING HOME OR	OTHER INSTITUTION	12a USUAL OCCUPA		26 KIND OF BUSINESS OR
Physics of the wind with the wind wind with the wind wind with the wind wind with the wind wind wind wind wind wind wind wind	E	altimore	Union Memor	ial Ho	spital	Housew	ire	NDUSTRY
A hour	130 5	AL RESIDENCE (IF NURSING HOME OF LIGHT LIGHT COUNTY LIGHT LIGHT COUNTY	17 01	WN		RFD Tol	chester	
RYLA within within within within within	_		MIDDLE LAST	1.	FIRST	MIDDLE	THE TE	LASI
comple to make the ma		ernard Vincer vas deceased ever in u.s. ar	nt Keelan	CURITY NO. 1		e Kelly	RESSO ETO	F11 D1
BALTIMORE, MARYLAND cote be executed within 24 system and completely fille opers. Pages 1 and 2 should wol. 11, the medical exprimentary			E WAR OR DATES)	13d INSIDE CITY LIMITS? 13e STREET ADDRESS 13e STREET ADDRESS 13e STREET ADDRESS 13e STREET ADDRESS 15e STREET ADDRESS 15				
the had be		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE IMMEDIA)	by one cause per line for al. (b. of D. BY.	JANIT	OBSTRU	MOM		
W. PRESTON ST of the death cert of the attending se remove cobor cremotion, or ree		Conditions, if any, which	DUE TO, OR AS ESPUSED	REACEISE V	1 CAN'	932	Sec.	
hat the c by the c ose remo ol, cremot		gove rise to immediate couse to, stating the underlying couse last.	DUE TO, OR AS A CONSEC	UENCE OF				
RDS, 20	NO	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT N	OT RELATED TO THE	TERMINAL DISEASE OR CO	INDITION GIVEN II	N PART 10
he low roon. hos bee t permit, ene prior	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHIC	CH OPERATION	WAS PERFORMED	200 AUTOPSY? YES NO□	20b. IF YES, WE IN CERTIFYING YES	ERE FINDINGS USED G CAUSES OF DEATH?
DN OF VITAL IYSICIAN, The ding physicio is certificate h buriol-tronsit, Mental Hygie		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		DAY YEAR	21c HOW INJURY O	CCURRED (ENTER NATURE OF IN	JURY IN ITEM 18, PART 1	OR PART 2)
DIVISION OF VITAL RECORDS, 201 ING PHYSICIAN. The low requires this cartificate has been signed be os the buriol-transit permit. Then plea that and Mental Hygiene prior to buriol, orked or them 18 shows any injury, or consider them 18 shows any injury, or consideration that the conside	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	2) e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFIC		21 LOCATION STREET	CITY OR T	own c	COUNTY STATE
TTENDIN piral or TOR: Afr for use o of Health		sow the deceased olive an	tal) attended the deceased from		, , , _	inion death occurred on the		d from the couses stoted
fal OR A'y the hosp Ay the hosp Rational detached of detached in		226. SIGNATURE OF	M Ward		GREE ATTEND# PHYSICI		TAFF	22 BATE SHOWER 80
HOSPIT Pined by FUNER Sold be ont the Str		22d PHYSICIAN'S NAME (TYPE O	RAPA CO	0	220 ADDRESS	SOMBY U	IAL NO.	SP.
BP	230 (Burial, cremation, removal Burial	23b. DATE 23 3/5/80 \$t		n's Cemet	tery Rock H		A CONTRACTOR OF
DHMH - 16 60M 1/75 (VR A 15 (4))	24 F	MARE DIRECTOR L	Ulla Chest	ertowr		VIAR 6 1980	R 256. REGISTRAR	'S SIGNATURE

The state of the s Baltimore Union Memorial Hospital



The transfer of the contract o TOWN DESIGNATION OF THE PARTY O Tierro no mar. Julia dor lo . I carlo . In carlo Leader Control Control Reg. of La. _architection Control

DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG NO . DECEASED NAME 2a. DATE KNOWN X MONTH 26. HOUR (TYPE OR PRINT) OF ESTI-F. Mary DEATH MATED Nelson 1980 4 RACE 6. AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS. 5. DATE OF BIRTH 2c. DATE PRONOUNCED 5:58 20. MONTH LAST BIRTHDAY Female White 12 15 67 12 DEAD 6 1080 Th. CITIZEN OF WHAT COUNTRY? O. BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRYS Baltimore City. Maryland U.S.A. WIDOWED [DIVORCED ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12a. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS Christian Street FOR MOST OF WORKING LIFE) Baltimore City Student USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONI 13g. STATE 13h COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS Maryland Baltimore 2015 Christian Street, 21223 YES T NO [AND 2 S. 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE June Louis Nelson E. Weaver 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17. INFORMANT ADDRESS (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) N/A Unknown June E. Nelson 508 S. Payson Street 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Smoke inhalation & Acute carbon monoxide intoxication DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART T (G) CERTIFICATION 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES [NO Y 3 SHOULD BE DEPARTMENT 21g EXTERNAL CAUSE WAS 11b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING 0 CONTRIBUTING CAUSE OF DEATH 4:44 KAK house fire 6 10 80 21e PLACE OF INJURY 21d. INJURY OCCURRED 21f. LOCATION STREET, FACTORY, FARM, ETC.) COUNTY STATE WHILE AT WORK home Christian St. MD Balto Inspection XX Autopsy 22a. I certify that I took end de of the Illinous described above, held an PAGE 4 SHOULD DE TO FUNERAL DIRECTO AFTER DEATH, WITH THE BALTIMORE, MARYLAN death resulted Hamicide Undetermined monner TITLE (SPECIFY) Deputy Chiefiedical ExaminER 3/6/80 Thomas D. Smith. M.D. EXAMINER'S NAME 111 Penn St. Balto. MD. TYPE ON PRINT ADDRESS 230. BURIAL, CREMATION, REMOVAL 236. DATE 23d. LOCATION 231 NAME OF CEMETERY OR CREMATORY Burial 03-10-80 Crest Lawn Gar. of Mem. Marriottsville Howard Md. frofrey habrerdy 24. FUNERAL DIRECTOR **DHMH - 17** VR A15 ME (5)) Hubbard Funeral Home, Inc. 4107 Wilkens Ave. 15M 7/76

property on the contract of the contract of the contract of wast aan/Sru. es los. envilotterdila lesqu THE ENGLISHED THE THE PROPERTY OF THE PROPERTY

10:30	durp early	5 115	Tributa in	3 6 75	
	1.	100 27, 1 88	o'sil	a) me l	
	2007	×	1, 5.4.	il min' ; no	
	7.5			change 1	
וסתל פועב לופון	10. 2 Cz.	20/	, 55° 12	·n	
	a mocn	inci	-1/5 254,		
	6 last - 1521 - 5 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	Jan Jan	men)	O.	
		4 6 10			

	ĺ,	FOR		DEPA		E OF MARYLAND EALTH AND MENTAL HY	PENE ()	6 9	7 6
600	-	- STATE REGISTRAR				ICATE OF DEATH	REG. N	D.	, 4
iM).		CEASED NAME FIRST		MIDDLE		AST	20. DATE OF DEATH	MONTH DAY YE	EAR 26 HOUR
de o		Edna			Neuma		March 3,		M
4 mo	3. SE		4 RACE		5. DATE O		6. AGE (IN YEARS LAST BIRT		DAYS HOURS MIN
oge		FEMale	White			h 2, 1906 YEAR	74	YRS.	
death. P. death. P. death. P. of once.	C	RTHPLACE ISTATE OR FOREIGN OUNTRY) Scotland		J.S.A.	RY? 8. MARRIE WIDOWI	D NEVER MARRIED DIVORCED	9 BALTIMORE CITY O		T H
rs ofter of the full with notified	Bá	ITY OR TOWN OF DEATH	5506 N	CH FACILITY, GIVE STI	REET ADDRESS)	dr other institution	12a USUAL OCCUPATI (TYPE OF WORK FOR MOST O Housewif		IND OF BUSINESS OR STRY
AND 21:	130 130	AL RESIDENCE (IF NURSING HOME STATE 13b CO Caryland	OR OTHER INSTITUTION UNTY	I GIVE RESIDENCE BE 130. CITY OR TO Baltim	FORE ADMISSION) OWN OTC,	13d INSIDE CITY LIMITS? YES 🗶 NO 🗌	130 STREET ADDRESS 5506 May v		Md. 21206
MARYL.	14. F/	THER'S NAME Harry	MIDDLE	Samue	els	15. MOTHER'S MAIDEN NA FIRST Minnie	WIDDLE		ańk
BALTIMORE, MARYLAND cote be executed within 24 spicion and campletely fille apers. Pages 1 and 2 should wol. it, the medical examinermunit,	160 \	VAS DECEASED EVER IN U.S. YES, NO OR UNKNOWN) (IF YES, O	ARMED FORCES? GIVE WAR OR DATES)	820-01		17 INFORMANT Niec Cecile Petru	e: ADDRE CCi 6610 Ma	ss Balt., erietta Av	Md. 21214
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., B. NG PHYSICIAN: The law requires that the deoth certificat of this certificate has been signed by the ottending physic as the bunal-transit permit. Then please remove corbon pap th and Mental Hygiene prior to burial, cremation, ar removo orked or trem 18 shows any injury, ar other traumatic event,		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU IMMED Conditions, if ony, which gave rise to immediate cause (a), stating the underlying couse last.	ISED BY: IATE CAUSE (a) DUE TO, O		E My a	D D	TNEARCT	JON Z	PPROXIMATE INTERVAL WEEN ONSET AND DEATH WSTANTAND // YRS.
PRDS, 20 requires en signe en signe Then pl	LION		ONE				NINAL DISEASE OR CONI	DITION GIVEN IN PA	RT 1(a)
AL RECC	CERTIFICATION	19a DATE OF OPERATION	19b COND	ITION FOR WHI	ICH OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES NO	206. IF YES, WERE F IN CERTIFYING CA YES [INDINGS USED USES OF DEATH? NO [
SICIAN: On physic certificate orial Hygelfem 18 sl	MEDICAL CE	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF LETTER, NOTIFY MEDICAL EXAMIN	ER) P.	.M. MONTH .M.	DAY YEAR	21e. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART 1 OR PA	RT 2)
DIVISION NG PHY of ther this as the but the and M orked or	MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE (AT HOME, ST	OF INJURY REET, FACTORY, OFFI	CE, FARM, ETC.)	21f LOCATION STREET	CITY OR TOW	N COUNT	Y STATE
ATTENDI Spital or CTOR: A Ifor use of Heal		22a.1 certify that (I) (this has saw the deceased alive above, (I) (we) (did) (did	on	19		nd that in (my) (aur) opinion	death occurred on the do	ite and hour and from	m the couses stated
ral OR y y the bo Ral DIRE detoched ote Dept		Henry J.	House	Ba 1	MS	DEGREE ATTENDING PHYSICIAN	MEDICAL STAP		DATE SIGNED
O HOSPIT. etoined by TO FUNER, should be 6 with the Sta		22d, PHYSICIAN JAME (TYP) Henry J	EORPRINT) Houska M	.D.		22e ADDRESS 333 South	East Ave Ba	ltimore.	Maruland
₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩	23a. I	BURIAL, CREMATION, REMOV.		The second second		EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY	STATE
641 BP		Burial	Mar 6	1980	Garden	s Of Faith		re, Maryl	and
DHMH - 16 50M 1/76 (VR A 15 (4))	24. F	JNERAL DIRECTOR NAME Leonard J	Ruck In	c, Balt.	imore,		AR 6 1980	ZSb. RESISTRAD'S SIC	Helrody

Scotlant. onls., Ma. 21206 France a fairle? Lisce: Salt., W. 2 244 Parent of the femula of the tengent of the state of the s HOLE MY HOLES BIDGE LANGER WAS BOND - STREET

-	1.	FOR - STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	(GIEN) 0 6	977
1		CEASED NAME FIRST : OR PRINT) HARRY	LEWIS N	EUMANV SR.	20. DATE OF DEATH MONTH C	280 1:29A M
	3 SE	× MALE	4 RACE WHITE.	JUNE 1, OAY 1913	6. AGE (IN YEARS LAST BIRTHDAY) 66 YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS
Tabout 135		RTHPLACE ISTATE OR FOREIGN OUNTRY! BALT IMORE, MD.	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR COUNTY BALTIM	ORE CITY, MD
by the fuel within	B	SALTIMORE, MD.	(IF NOT IN SUCH FACILITY, GIVE STREET MERCY HOSPITE	AL	124 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE	12h. KIND OF BUSINESS OR INDUSTRY BETH STEEL CO
filled in ald be fill	USU. 13a S	AL RESIDENCE (IF HURSING HOME OF	NOTHER INSTITUTION, GIVE RESIDENCE BEFORE NATY 13. CITY OR TOWN	ADMISSION 131. INSIDE CITY LIMITS? YES NO [13. SIREEL ADDRESS 3908 FOSTER AV	E. # 21224.
and 2 shot	14. F/	CHRISTOPHER	MEUMAN LAST	15. MOTHER'S MAIDEN N		LAST
Pages 1 a			RMED FORCES? 166 SOCIAL SECU WWW.II 213-05-		A ³ 908 FOS EUMAN : BALTO.,	TER AVE. 21224,MD.
by the attending physis e remove carbon paper , cremation, or remove			DUE TO, OR AS A CONSEQUE	orreg with oracy Concinona	anytheris	APPROXIGATE INTERVAL BETWEEN ONSET AND DEATH
neen signed I Then pleas for to burial any mjury,	NO	PART 2 OTHER SIGNIFICANT			MINAL DISEASE OR CONDITION GIVE	EN IN PART 1(0)
e has bermit.	CERTIFICATION	19a DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CERTIF	, WERE FINDINGS USED YING CAUSES OF DEATH?
al-tra ental		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE.	ATH HOUR A.M. MONTH DA	YEAR	RRED (ENTER NATURE OF INJURY IN ITEM 18, PA	RT 1 OR PART 2]
th and M marked	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
tached for use a tached for use a technology of Heal			ital) attended the deceased from	DEGREE ATTENDING	n death occurred on the date and hour	ond from the causes stated 22c. DATE SIGNED 3/12/68
TO FUNERA should be det with the Stati		22d PHYSICIAN'S NAME (TYPE O	SEZBERT	PHYSICIAN 220 ADDRESS Muy	- DIRECTOR - PHYSICIAN D LLisp Jel BZ	Chrone
- to 3 =	- (BURIAL, CREMATION, REMOVAL SPECIFY) BURIAL		AME OF CEMETERY OR CREMATORY STANISLAUS CEM.	6515 BOSTON AV	
	124. FI	UNERAL DIRECTOR	001 0	CONKLING ST. 250. %	ATE REC'D. BY REGISTRAR 256. REGISTI	The same of the same

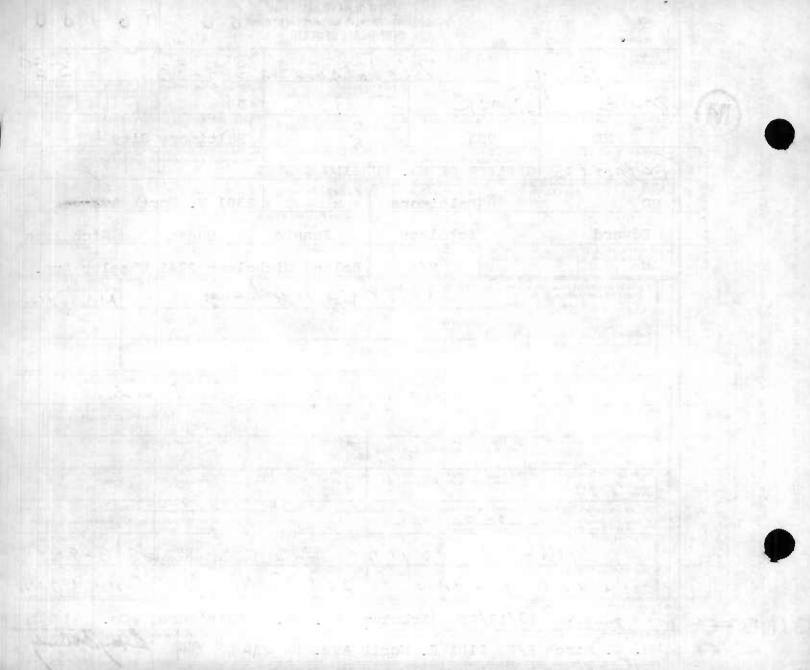
3 12 80 1	• 1 F	at hat week	STANT	1112
95			STÉR.	823
, YIIO DIONITIM	A STATE OF THE STA			, off, Tright, Jan
				e
3908 PC TER AVE. 9 21224.	2.	and CTTI	sales from prime paper dring pales.	4.3
PARTY DESCRIPTION AVE.			stratural a	Charlotorean
. Olle 21220 ; Didle ; Didle	an Shirtan	13-05-5225	II.W.W	1.1

AND OF STREET			6630/00)		ed till
	1	. 30, <u>1</u> 50.		a y brid	o.Lere'l
31	10011			F _ 1	, April and
thorowal .		tal	lyady is	Dużn Koncel	ean this
hear tatto			MS.	S mornith	d Short and
				James .A	wio.
10513 Eson	on 309 Carles	Joen L. mot.	212-9519	. 2.13	- 100
		100			
			4		
		EKAN MESS			
				SOME IN CORPORA	11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
		in the Name	100	Carlot (C)	14 312 52
		11 11 11			e-4 / 1
A STATE	Ten and all				
		1941 . 154 6.4	Carroll on		Lateral .
		No. atlob of	In Texas	noot ISEs not	minol defini

C Test 5

	1	FOR STATE REGISTRAR	DEPART	MENT OF H	E OF MARYLAND BEALTH AND MENTAL HYG BICATE OF DEATH	IENES ()	0 6	779
ath ath		CEASED NAME FIRST NELL I	MIDDLE		HOLAS		4. 1980	25 HOUR 2:04A
ctor, pag after de	3 SE	× FEMALE	A RACE BLACK	5. DATE (H OAY YEAR	6. AGE (IN YEARS LAST BIRT	MONTHS	
HTXON72 hours		IRTHPLACE (STATE OR FOREIGN OUNTRY) ROLINA	76 CITIZEN OF WHAT COUNTRY?		D NEVER MARRIED	BALTIMORE CITY O	R COUNTY OF DE	V
w the fur d within	10 C	ALTIMORE	11. NAME OF HOSPITAL, NURSIN LIF NOT IN SUCH FACILITY, GIVE STREET THE JOHNS H	NG HOME C	OR OTHER INSTITUTION	12ª USUAL OCCUPATE (TYPE OF WORK FOR MOST OF HOME NURSE	ON 12h. F WORKING LIFE) IND	KIND OF BUSINESS OUSTRY
no 24 hours and be file	USU 13a		R OTHER INSTITUTION, GIVE RESIDENCE BEFOR	E ADMISSION)	134. INSIDE CITY LIMITS?	13. STREET ADDRESS 2010 EAST	393	TREET
Med 2 should be a	_	ATHER'S NAME FIRST UNKNO	MIDDLE LAST		15 MOTHER'S MAIDEN NAM			AKER
an and col		MAS DECEASED EVER IN U.S. AI YES, NO OR UNKNOWN) IIF YES, GN	RMED FORCES? 166 SOCIAL SECU 219-30-6		INEZ ELLIOT	ADDRE T 331 RITT		
w requires that the dea presided by the attence the please of matton of injury, or other tra	NO	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSEQUI	ence de	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN F	ART I(o)
AN: The lavan.	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	200. IF YES, WERE IN CERTIFYING C	FINDINGS USED AUSES OF DEATH?
ing physician. This Full can this Full can Mental Hygien dor Item 18 st		210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINER	HOUR A.M. MONTH D.	AY YEAR	21c HOW INJURY OCCURR	ED JENTER NATURE OF INJUI	RY IN ITEM 18, PART 1 OR I	PART 2)
OING PH Itending After this the buri thand M marked o	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY. (AT HOME, STREET, FACTORY, OFFICE, I	FARM, ETC.)	21F LOCATION STREET	CITY OR TOW	vn cou	NTY STATE
ALCA ATTEN the hospital or at ALDIRECTOR: stached for use as tte Dept. of Hellin IT: If Item 21 is		sow the deceased alive of	itol) ottended the deceosed from		nd that in (my) (our) opinion of DEGREE ATTENDING PHYSICIAN	MEDICAL STAI	ote and hour and fr	om the couses stated
TO HOSPITATE TO FUNERA Should be detained by the Shauld be detained the State With the State With the State Shauld be should b	177.	224 PHYSICIAN'S NAME ITYPE	BER	NAME OF	Johns	Hepter	s Ho	p. A
(BP		BURIAL, CREMATION, REMOVA SPECIFYBURIAL	3-28-80 23c.1	ARRI		C'BA"LTIMO		MARYLAND
DHMH-16 25M (VRA 15, 4) 1/79	24 F	UNERAL DIRECTOR ELIZABETH L.	PHILLIPS 1721 N	. MONI		2 8 1980	25b. REGISTRAR'S S	

Forting 1 to Be the Test 1981



12	STATE OF MARYLAND						
P	1 - STATE CERTIFICATE OF DEATH						9 8 1
	1.00	REGISTRAR	REG. NO.				
. m=		CEASED NAME FIRST	MIDDLE	1/1	AST 1/0	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
oy b		MANA	+ 0,	1/16	EDZW14		1-80 8:4 AM
4 g	3. SE	Female	White	5. DATE C	OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN
e do					y 11, 190		
Property Page 1	Bo	ilto., Md.	U.S.A.	MARRIE WIDOWE	D NEVER MARRIED DIVORCED	Baltimore City or Count	City,
by the further of the		Baltimore /	1. NAME OF HOSPITAL, NI (IF NOT IN SUCH FACILITY, GIVE Baltimore	City H		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING IN MAKER OF GasMas	126 KIND OF BUSINESS OR INDUSTRY Edgewood
filled in rould be	13a S	AL RESIDENCE (IF NURSING HOME ORGITATE Md 136 COLINT Balt	imore Balti	TOWN MORE	134 INSTRECTLY LIMITS	S? 13e. STREET ADDRESS	nroenut-
vithir etely 12 sh	14 FA	THER'S NAME	IDDLE LAST		15 MOTHER'S MAIDEN	NAME	1427
P 4005		Bernard Graboski Ca			Catheri	herine Zerak	
ond co	160 WAS DECEASED EVER IN U.S. ARMED FORCES? 160 SOCIAL SECURITY NO 17 INFORMANT 7705 WILD PROBLES BOOK - BO						
cote be ex nysicion ani nopers. Pog oval. Exami		18 CAUSE OF DEATH (Enter only			_ castille1	1. Nieuzwick-	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
phys npor movent,		PART I. DEATH WAS CAUSED BY.					DETWEEN ONSET AND DEATH
th cert nding carbo , or re notic e		1 MMEDIATE CAUSE (a) LATA CONSTRUCTION (A)					
DUE TO, OR AS A CONSEQUENCE OF						yeu/ca) emia	
tho d by eossiol.		underlying cause last	Blver		edical'	Problem 1	ncludin
equire n sign Then to bu injury.		PART 2. OTHER SIGNIFICANT CO	anditions contributing	TO DEATH BUT	not related to the t	Chothe Diua	
AN: The low robbysicion. Throote hos been through the permit. Thysice permit. Thysice permit.	CERTIFICATION	190 DATE OF OPERATION	19 CONDITION FOR W	HICH OPERATIO	N WAS PERFORMED	20a AUTOPSY? 20b. IF YE	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH?
The icron ic	ERTI	21g. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	pritel	21c HOW INJURY OC		ES NO
Phys Phys Phys of Hy of Hy		OR CONTRIBUTING CAUSE OF DEAT	110110 1 11 1101101	DAY YEAR	ZIE HOW INJURY OC	CURRED (EMTER NATURE OF INJURY IN ITEM 18,	PART 1 OR PART 2)
HYSIC nding his cer buria J Ment or flee	EDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M. 21e PLACE OF INJURY	19	211, LOCATION		
ING PH r attend After this os the b lith and / lorked o	WE	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OI	FFICE, FARM, ETC.]	STREET, IN ICATEO	APPILITED BY MERCHANDREOWN	COUNTY STATE
0 . S O F W		22a.1 certify that (1) (this hospital	attended he deceased for	10	19_	NO to	, 19, that (I) we ast
ATTEN ospital ospital difor un 21 is		sow the desepsed give on above, (I) we) did) did not	view the bady after death.			nion deoth occurred on the date and ha	ur and fram the causes stoted
ALORA The hosi		226. SIGNATURE VICH AC	Lucia WA	GNET	MD ATTENDIN PHYSICIA	IG MEDICAL STAFF	3/21/50
TO HOSPITA retoined by TO FUNERA should be de with the Stot		22d. PHYSICIAN'S NAME (TYPE OR I	PRINT)		22e ADDRESS	alt Cif	1tog
75 543 3	23a E	BURIAL, CREMATION, REMOVAL	23b. DATE		EMETERY OR CREMATO	DRY 23d. LOCATION	COUNTY STATE
							Waryland
DHMH - 16 50M 1/76	24 FI	UNERAL DIRECTOR JOHN S	Baltimore St. ADDRE	SS	25a.	MAFRECZ BY RIGISTAR	HORY STANDED Loody
(VR A 15 (4))			Daltimore OE.				/ /

The standard of x and the same time in the WOS madena examined LED. This can be a second of the se THE STATE OF THE S



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. LAST 24 DATE OF DEATH MONTH 2b. HOUR IF UNDER I YEAR # UNDER 24 HRS MONTHS DAYS HOURS YRS **BALTIMORE CITY OR COUNTY OF DEATH** 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY ackson St. Balto . Nd. Unknown

Michael Norris, Same as above APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO [

COUNTY

COUNTY

22c. DATE SIGNED

250. DATE REC'D. BY REGISTRAR 256. REGIST. AR'S SIGNATURE

DHMH-16 20M

(VRA 15, 4) 7/78

24 FUNERAL DIRECTOR

FOR

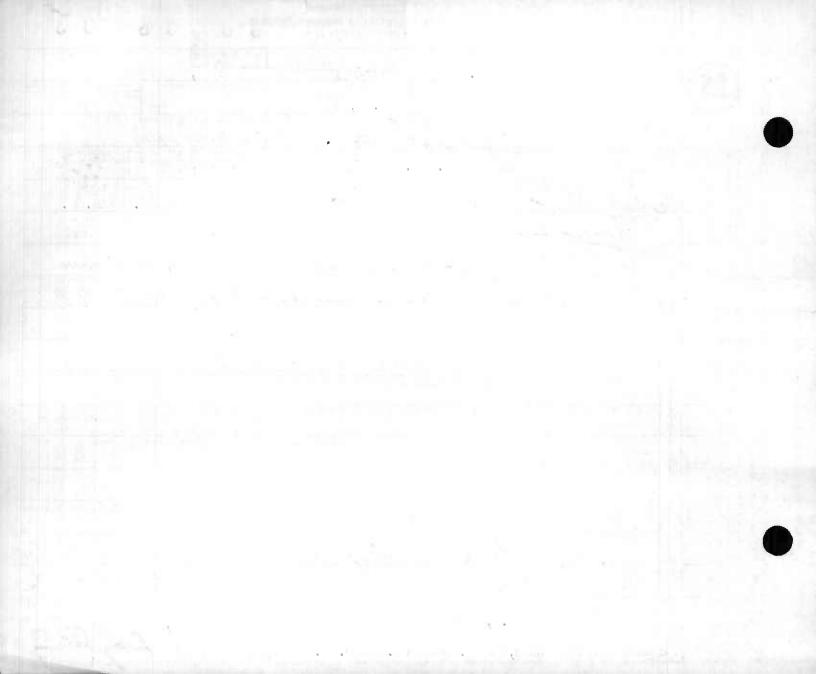
REGISTRAR

- STATE

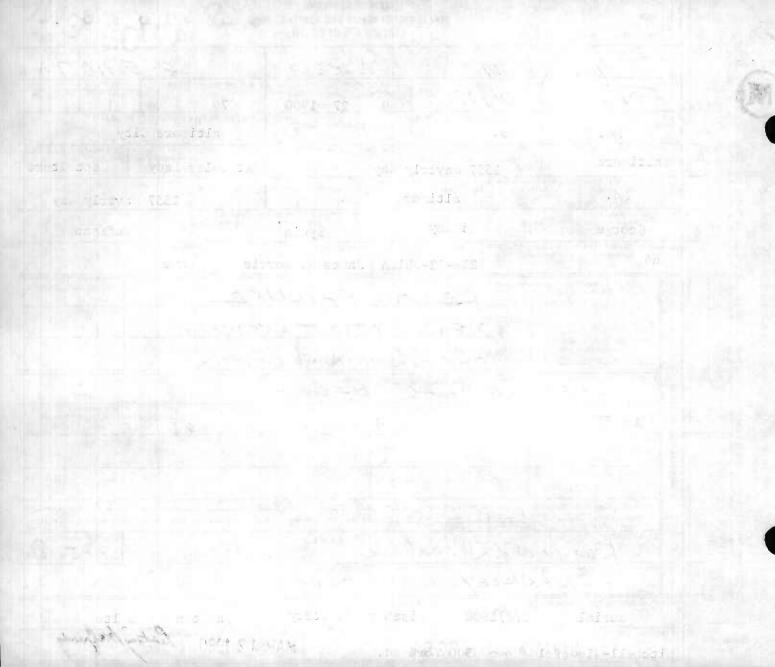
ully tuneral Home, 130 E. Fort Ave. Balto. Md.

1980

STATE



	1.	FOR		DEPARTM		E OF MARYLAND EALTH AND MENTAL HYG	HEME 1	0 6	9 8	4
	1	- STATE REGISTRAR				CATE OF DEATH	O 10	0		
	I. DI	CEASED NAME FIRST	MIDDLE		L.	AST /	REG. N		AY YEAR	2b. HOUR
3.5	(TYP	E OR PRINT)	almina	R		Mapnie	24 DAIL OF DEATH		-100a	77 A
64	3. SE	Wille	1 RACE		/ 0.75.0	VUERIS	4 + 05	-	1480	17
i	3. 30	Francela	1116 ·	+	S. DATE O		& AGE (IN YEARS LAST BIR			HOURS MIN
ouc	-	· I COMMONTE	w M	12	9	27 1900	79	YRS.		
Cda a	10 8	IRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHA	T COUNTRY?	MARRIE	NEVER MARRIED	BALTIMORE CITY			
		Md.	USA		WIDOWE		Baltim	ore Ci	ty	,
MIT S		ITY OR TOWN OF DEATH	11. NAME OF HOSE			R OTHER INSTITUTION	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST O	ION	126 KIND OF	BUSINESS
ने र	1 1	Saltimore		Waverl			Ret Sales	Lady	Dept	Store
must	USU	AL RESIDENCE (IF NURSING HOME C STATE 13b. COL	OR OTHER INSTITUTION, GIVE	RESIDENCE BEFORE	ADMISSION)					
examiner i	130	Md.		Baltimo:	re	131. INSIDE CITY LIMITS?	130 STREET ADDRESS	1557 W	laverly	Way
xar	I4.F	ATHER'S NAME				15. MOTHER'S MAIDEN NA	MF.	1337 11	averly	nay.
300	1	George	MIDDLE R	ighey		FIRST	WIDDLE		Hoffman	1
	140	WAS DECEASED EVER IN U.S. A		SOCIAL SECUR	DITY NIO	Lydia	ADDR		northal.	A.
it, the med	1.00		WE WAR OR DATES)			17 INFORMANT				
event, t		1.0	2.	16-12-3	810A	James M. Nor	ris Sa	me		ATE INTERVAL
4YSICIAN: The law requires that the death cert physician. Is certificate has been signed by the attending physiceriticate has been signed by the attending physiceriticate permit. Then please remove carbon palental Hygiene prior to burial, cremation, or remor Item 18 shows any injury, or other traumatic	L CERTIFICATION	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last PART 2 OTHER SIGNIFICANT 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DR	196 CONDITION CO	A CONSEQUENT BUTING TO DI	NCE OF NO DEATH BUT I	MA of CAM NOT RELATED TO THE TERM HERNIA WAS PERFORMED CELLY 211. HOW INJURY OCCURR	200 AUTOPSY?	206. IF YES, IN CERTIFY YES	WERE FINDING	GS USED DF DEATH? NO
Ment Ment	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINES 21d. INJURY OCCURRED	P.M. 21e. PLACE OF IN	Table V	19	21f LOCATION				
th and Mer marked or	ME		(AT HOME, STREET, FA	CTORY, OFFICE, FA	RM, ETC.)	STREET	CITY OR TOV	/N	COUNTY	STATE
with the State Dept. of Health a IMPORTANT: If Item 21 is ma		WHILE AT WORK	at) view the body after	death.	Ele	EGREEM ATTENDING PHYSICIAN TO ADDRESS	MEDICAL STA	F IAN 🗌	22c DATE SI	J- 8
with IMP	230	BURIAL, CREMATION, REMOVAL		72. NI	AME OF CE	METERY OR CREMATORY	1236 LOCATION			
	.50.	SPECIFY) Burial	3/8/1980			g Cemetery	Parkto		B Ito	STATE
	24 E	UNERAL DIRECTOR	3/0/1300	11.1	. 50 501	•				
16 25M		NAME	are cold	ADDRESS		MAR	REC'D. BY REGISTRAR	I LEGISTR	Y TOU	RELL
(VRA 15, 4) 1/79		itchell-Wiedefe	eld Home 65	00 York	Rd.	HIM	1 2 1000	/		



(VRA 15, 4) 1/79

in to to not beautifully to the seconds I . Maria - Trans. Message . hir The Control of the Co The secretary was a search and the second of

STATE OF MARYLAND

	1.	FOR STATE REGISTRAR	DEPA	RTMENT OF	'E OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH	REG. NO.	6 9	8 /
M-	I. DE	CEASED NAME FIRST Kela	WIDDLE	Nus	sbaum	March 27, 19	980	2ь ноия 2:38pm
A 13	3 SE	x FEMALE	4 RACE WHITE		OF BIRTH	4. AGE (IN YEARS LAST BIRTHDAY) 82	MONTHS DAYS	
PF	0	RTHPLACE (STATE OR FOREIGN OUNTRY) GERMANY	76 CITIZEN OF WHAT COUNTS	MARRI WIDOW		Baltimore CITY OR COUNT		M
9 333	10 C	BALTIMORE	The Johns	SING HOME	OR OTHER INSTITUTION	170. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING I HOUSEWIFE	126. KIND C INDUSTRY AT	OF BUSINESS OF
1 3	13a	AL RESIDENCE (IF NURSING HOME OF STATE 13% COU!	R OTHER INSTITUTION, GIVE RESIDENCE BE NTY 13c. CITY OR TO BALT	FORE ADMISSION OWN	134. INSIDE CITY LIMITS?	AP 13 SIREE ADDRESS HTS.	T. 1-B AVE. #	21215
1 3 0 0	14. F.	THER'S NAME PINCHES	ADLER ADLER		IS MOTHER'S MAIDEN NAME SARAH	WE	UNKNOŴ	
Pages 1 a	160 \	NAS DECEASED EVER IN U.S. AR YES NO OR UNKNOWN) IF YES, GIV	RMED FORCES? 166 SOCIAL SI (E WAR OR DATES)		CANA DADIE UT	EDMUND ANDSBAUN S. AVE., APT. B	#2121	.5
tranding myster transport reading or remova			nly one couse per line for (a), lb: ED BY: TE CAUSE (a) DUE TO, OR AS A CONSE	OUENCE OF	monary Arre		BETWEEN	XIMATE INTERVAL I ONSET AND DEATH
en signed by the s Then please remoor or to burial, crema ony injury, or othe	NOI	gove rise to immediate cause 101, stating the underlying cause lost. PART 2 OTHER SIGNIFICANT,	DUE TO, OR AS A CONSE-		T NOT RELATED TO THE TERM	IINAL DISEASE OR CONDITION G	IVEN IN PART I	(0)
cate has be it permit. Ygiene prio	CERTIFICATION	19a DATE OF OPERATION	1% CONDITION FOR WH	ICH OPERATIO		YES NO Y	ES, WERE FINDI IFYING CAUSES (ES	INGS USED S OF DEATH? NO
his certifical trial-transit Mental Hygi		216 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MONTH	DAY YEAR	21¢ HOW INJURY OCCUR	RED JENTER NATURE OF INJURY IN ITEM 18,	PART 1 OR PART 2)	
After thi the buri h and M narked o	MEDICAL	21d, INJURY OCCURRED WHILE NOT WHILE AT WORK	21s. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF	ICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
DIRECTOR: ed for use a ept. of Healt f Item 21 is		saw the deceased alive or	view the body offer death.	San		death occurred on the date and ho		, that (\$ (we) los e causes stated E SIGNED
retained by the I TO FUNERAL E should be detach with the State D IMPORTANT: I		Roderi'ele	Boves		ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN BY	o tal	4/27/80
Shoot with	23e	BURIAL, CREMATION, REMOVAL SPECIFY) BURIAL	MAR. 28, 1980	CHEVR	CEMETERY OR CREMATORY A AHAVAS CHESS	A3d. LOCATION CITY OF TOWN	COUNTY N BATT	STATE
DHMH-16 25M /RA 15, 4) 1/79	24 F	UNERAL DIRECTOR SOL	LEVINSON & BROOMESS	DS., IN	21215 250. DAT	E REC'D, BY REGISTRAR 256, REGISTRAR	TRAR'S SIGNA	Crack

Mart 23 29 29 30 524

FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO LAST O'Brien DECEASED NAME FIRST Tilllian MIDDLE 20 DATE OF DEATH YEAR 26 HOUR Laura (TYPE OR PRINT) 20 LILLIAN 3 80 80 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR F UNDER 24 HRS 4 RACE 3 SEX DAYS HOURS Female Caucasiar BALTIMORE CITY OR COUNTY OF DEATH 19. BIRTHPLACE ISTATE OF FOREIGN CITIZEN OF WHAT COUNTRY MARRIED | NEVER MARRIED COUNTRY USA Mass. WIDOWED DIVORCED | 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126. KIND OF BUSINESS CITY OR TOWN OF DEATH (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Filed Nurse Medicine USUAL RESIDENCE (IF MURSING HOMEOR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 10891

130. STATE

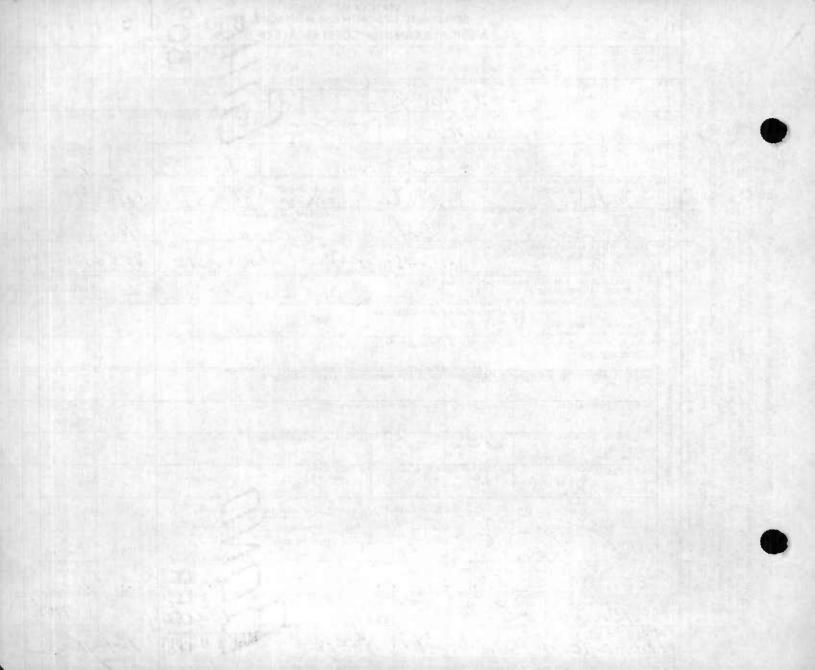
131. CITY OR TOWN

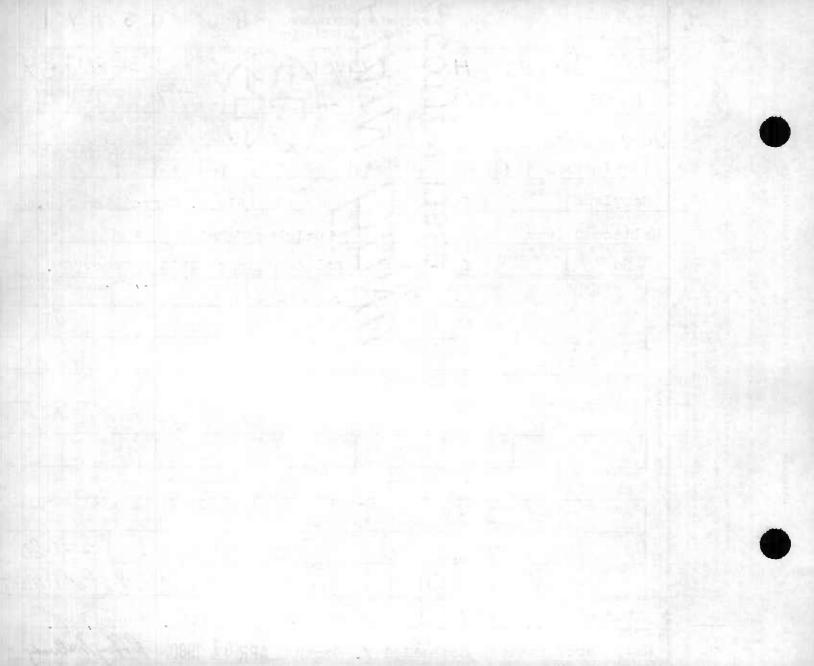
134. INSIDE 2446 Sun Valley Cir 13d INSIDE CITY LIMITS? Bilver Springs Montgomery 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME O FIRST MIDDLE MIDDLE pua Lizzie Joseph Η. Beauchamp Menard ADDRESS 12914 Flack St W. PRESTON ST., BALTIMORE, 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT GIVE WAR OR DATES) (YES, NO OR UNKNOWN) 027-20-6454 Mrs. Esther G. Devlin Wheaton, Md. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I, DEATH WAS CAUSED BY 5 mm CARDIAL ARREST IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which SEPSIS gove rise to immediate cause (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause DIVISION OF VITAL RECORDS, 201 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) CERTIFICATION 2 RENAL STONE 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED ā IN CERTIFYING CAUSES OF DEATH? be NO YES T NO F Hygie 210. ACCIDENT WAS UNDERLYING 716. TIME OF INJURY 211. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR rial-tre OR CONTRIBUTING CAUSE OF DEATH 70 (IF EITHER, NOTIFY MEDICAL EXAMINER) 211. LOCATION 21d INJURY OCCURRED 218 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE AT WORK AT WORK 121180 220.1 certify that (K (this hospital) attended they deceased from deceased alive an_ and that in (my lour) opinion death occurred an the date and hour and from the causes stated did yard not view the body after de DEGREE 22c. DATE SIGNED ATTENDING MEDICAL FUNERAL E DIRECTOR | PHYSICIAN PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e. ADDRESS MPORT FO F 23g. BURIAL CREMATION, REMOVAL 23b. DATE 13c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION CITY OR TOWN Cremation COUNTY 6/80 Security Process Catonsville Balt. 24. FUNERAL DIRECTOR DHMH - 16 50M 7/77 (VR A 15 (4)) MacNabb Funeral Home Catonsville, Md.

STATE OF MARYLAND

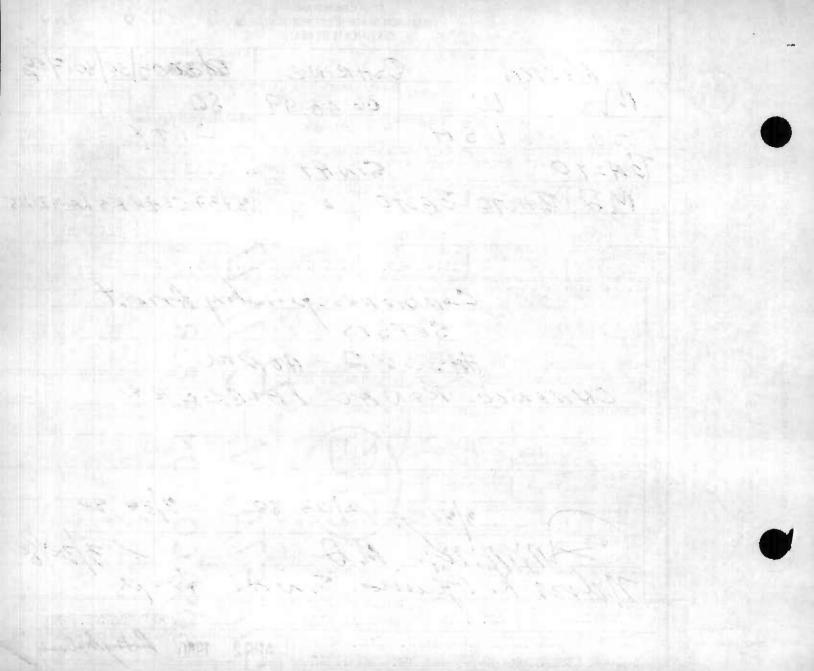
tanguage start and the same and CREAT LINE OF THE CONTRACT OF THE PROPERTY AND ASSESSED.

a barior as I all Elemen	200000010 and 12 and 12	
	See Be of Common order	
	And De la Casarda la	
	Livragen asilat live	
THE PROPERTY OF THE PERSON.		
CHARGE A CARPY OF		
	THE STATE OF THE S	





	STANCE OF TAXABLE VICTORY OF	
	oniwis	
	th till of	
101 to 20 0 20 0 20 Let		
ero, and totale	International Learner United	
crafity of the siz	La la signa promisina	Line Committee
2.000	chran * * * * Some	Buenes
merkuten, o stol, it, 0712 likeom	UD . = #83572V	
	WALLS.	
	ensatheled and	
	necessary proc Leave	
2 02 1 04M		
ELL Lette		3,017,01



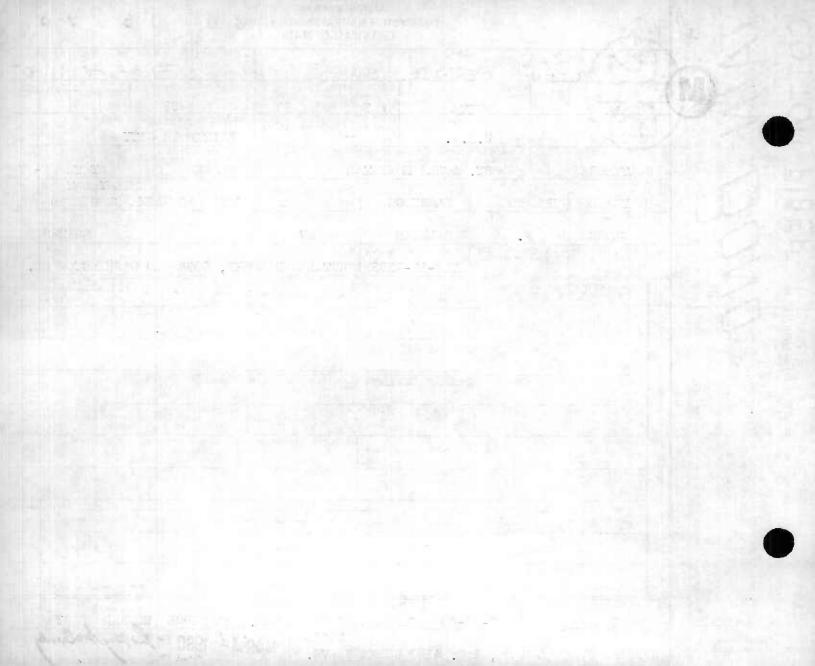
THE PARTY OF THE PARTY OF STATE OF THE STATE and the second of the second o the state of the s an re prestrict 4 a 50 c a 3 2 a

ADORESS

HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE.

(VR A 15 (4))

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENS



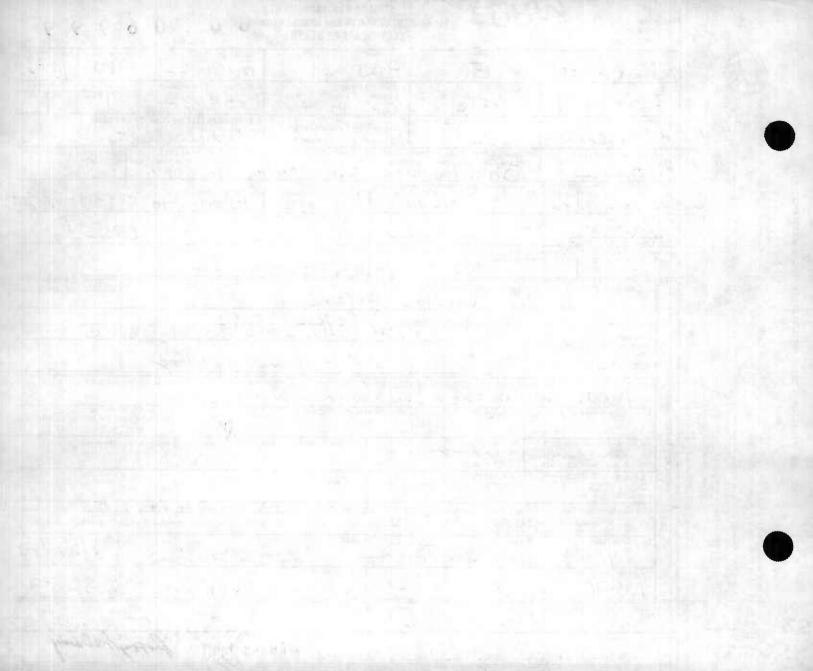
V			
		03	
	A CAN DO	Tally allegan	
to be made to the			and Mark Artis and
and Jak more and			
	nit A		hundai.
may now of the same			
ZA X. E A			
			4 5
		o salas in the Table	
dos the telephone	100001-2	a your Teb to take	

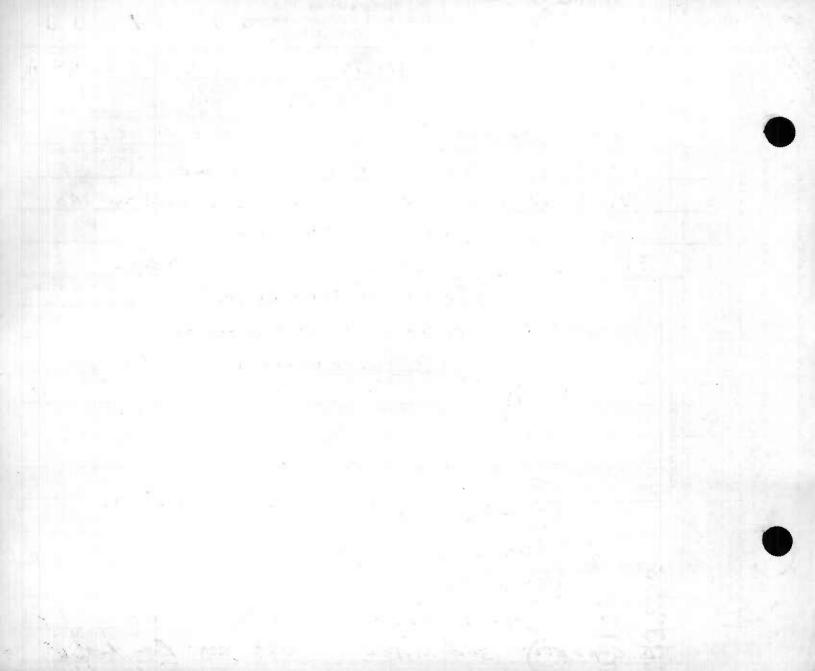
	It	em 18a, b g542 4	/14/80	STATE OF MARYLAND		
3	1-	FOR dad STATE dad REGISTRAR		OF HEALTH AND MENTAL	DEDERTUU () A	9 9 8
		CEASED NAME FIRST	WIDDLE	LAST	20. DATE KNOWN X MONT	
(Bull ali	(TYI	E OR PRINT) Dorin	ıa	Pack	OF ESTI- DEATH MATED 3	
REFERE	3. SE	4. RACE		(IN YEARS IF UNDER 1 YR. IF UNDE	R 24 HRS. 2c. DATE MONTE	
ON ON ON		female black	10-9-21 5	BIRTHDAY) MONTHS DAYS HOURS	MIN PRONOUNCED DEAD 3	
NECESSAR FUNERAL D S. FOR YOU WITHIN 7 W. PRESTON	7a. B	RTHPLACE (STATE OR REIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARI		
4 > > / /		TY OR TOWN OF DEATH	U.S.H.	WIDOWED DIVOR		IVID.
AY IS AGE		Baltimore	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET AD 1117 Brentwood	Avenue	120. USUAL OCCUPATION (TYPE OF WOR FOR MOST OF WORKING, LIFE)	OR INDUSTRY
ANY NND 3 NND 3 NETAI OULD	13a. S	RESIDENCE (IF IN NURSING HOME OF TATE 13b. COUNT	1 Dalle		13e. STREET ADDRESS	AVE NO SIDOD
H. II.	14. F/	THER'S NAME		15. MOTHER'S MAID	EN NAME	
DOS VIEW PAR	Co	oley	WILSON WILLIAM	(MATTIE	WIDDLE	CCOX
A & _	16a. V	VAS DE LEASED EVER IN U.S. ARM	ED FORCES? 166 SOCIAL SE	1 - 51 19	ADDRESS	BA(+
WITH FO WITH FO PAGES DIVISION		NO	1716-12-	6165 ROLAND	ACK 1117 Brentwood	AVE, Md. 2102
	10	18 CAUSE OF DEATH (Enter anily PART I DEATH WAS CAUSED	ane cause per line far (a), (b), and (a)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
N ITEM 18 A ALONG VERMIT. HYGIENE, I			CAUSE (a) Hemorrha		f adrenals with t	hrombosis
NSIT AYO		Canditians, if any, which	DUE TO, OR AS A CONSEQUE	NCE OF		
AMINER AMINER ATTRANSIT		gave rise to immediate cause (a) stating the under-	(b)	NCE OF		
2748		lying cause last.	DOE TO, OR AS A CONSEQUE	NCE OF		The state of the s
USED AS A BURIN OF HEALTH AND A AL, CREMATION, O		PART 2 OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO CEATH BUT NOT RELATED TO TO	HE TERMINAL DISEASE OR CONDITION GIVEN IN P	ART 1 (a),	
MEDIC AS A ALTH A	CERTIFICATION					
SURIAL, CRE	CAT	19a. DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED?		20. AUTOPSY?
NENT OF BURIAL,	RTIF	21a EXTERNAL CAUSE WAS	THE OF THE O			YES 🐮 NO 🗌
3		UNDERLYING OR CONTRIBUTING CAUSE OF D	216. TIME OF INJURY HOUR A.M. MONTH DAY EATH P.M.	YEAR	ED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR	PART 2)
STATE DEPA	MEDICAL	21d. INJURY OCCURRED WHILE DOT WHILE DAT WORK	21e. PLACE OF INJURY (AT HO STREET, FACTORY, FARM, ETC.)	OME, 21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
TOR: PA	-		of the remains described above, held		, ,	opinion
DIRECTION WITH T		A 1	causes , Accident ,	Suicide, Hamicide, TITLE (SPECIFY)	Undetermined manner	
RAL DIR RAL DIR ATH, WI RE, MARY		ACTUAL SIGNATURE	the John Youll	M.D. Assistan	t MEDICAL EXAMINER DAT	E 3-4-80
PAGE 4 SHOULD BE FOR TO FUNERAL DIRECTOR: AFTER DEATH, WITH THE (BATTIMORE, MARYLAND, 2		EXAMINER'S NAME Marga	rita A. Kôée11,	M.D. ADDRESS 111 P	enn Street	
PA PA BA	23a. BI	JRIAL, CREMATION, REMOVAL 23		F CEMETERY OR CREMATORY	23d. LOCATION	DUNTY STATE
	10	JYIA INERAL DIRECTOR	3-10-80 Mt.(Alvary Cemetary	HANNE HOUNGE (MARY IAID
1 · 17 ME (5)}	1	MIANL J. SE	ADDRES9/30 M S	BYAR ALLIAN BOLDATE	R 5 1980	Meliede
M7/77	W	Illung of of	166 L 1001 111.	O'O'D WAY MA	R 5 1980	/

Leonard J. Ruck Inc. Baltimore, Maryland

(VRA 15, 4) 1/79

STATE OF MARYLAND





0 0 0 0 0 0 0 0 THE BALTIFORE CITY AVERTAGE OF ST. ACT IS HOSPITAL DESCRIPTION OF THE TARREST OF THE the state of the s HO IN THE SECURITY STILL SO WHEN IN THE SECURITY STILL STILL STATES FOR CATCO UE. NALTERORE, NE. 2124 THE RESERVE OF THE PROPERTY OF

No postal		1-	FOR STATE REGISTRAR		DEPARTM	STATE OF MARYLA ENT OF HEALTH AND N CERTIFICATE OF D	MENTAL HYGEN		0 0	2
be the	M		CEASED NAME FIRST OR PRINT)	WIDDI	E	PANDA		REG. NO. DATE OF DEATH MONTH MARCH 1, 1980	DAY YEAR	26 HOUR 5:05
4 mo)	C	SE	x Female	4 RACE White		5. DATE OF BIRTH		AGE (IN YEARS LAST BIRTHOAY)	HUNDER I YEAR	IF UNDER 24 HRS HOURS MIN
oge	. 000	70 RI	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHA	AT COUNTRY?	2		Y		
nerol o	12 97		Yugoslavia	Yugosla		MARRIED SEPET	ARRIED	Baltimore City or Cou		MD
O) s ofter d	led with	10 C	TY OR TOWN OF DEATH Baltimore	11. NAME OF HOS (IF NOT IN SUCH FACE 22 S. At	CILITY, GIVE STREET A	S HOME OR OTHER INSTI	ITUTION 12	USUAL OCCUPATION YPE OF WORK FOR MOST OF WORKIN	IG LIFE) 12b. KIND (INDUSTRY	OF BUSINESS OR
AND 212	must be	USU. 13a S	AL RESIDENCE (IF NURSING HOME STATE 13b CO Maryland	OR OTHER INSTITUTION, GIVE UNTY 13(RESIDENCE BEFORE CITY OR TOWN Baltimo	AOMISSIÓN) 13d. INSIDE CIT YES X	TY LIMITS? 13	street address 313 S. Mount	Street	
A 3 ele	and 2 sh examine	14 FA	THER'S NAME FIRST Leopold	MIDDLE	Gooch1		MAIDEN NAME IRST Anna	WIODEE		SST
IMORE,	. Poges 1	16a. V	VAS DECEASED EVER IN U.S. A (IF YES, O NO	IVE WAR OR DATES!	SOCIAL SECUE 216-34-		obert St	neral German uenkel 22 S.	Aged Peo Athol A	ples Home
DIVISION OF VITAL RECORDS, 201 W. PRESTON SING PHYSICIAN: The low requires that the death certaineding physician.	oermit. Then pleose remove carboi ne prior to buriol, cremation, or rei ws any injury, or other troumatic e	CERTIFICATION	Conditions, if ony, which gave rise to immediate couse (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICAN 19a. DATE OF OPERATION		A COTTLEQUE	ia fort		TN CE	YES, WERE FINDI RTIFYING CAUSES	NGS USED S OF DEATH?
'ITAL	burial-transit	ERT	210. ACCIDENT WAS UNDERLYING			21c. HOW INJ	URY OCCURRED	YES NO P	YES 18, PART 1 OR PART 2)	NO 🗆
OF V	Vento! H		OR CONTRIBUTING CAUSE OF E	- L- MINI	MONTH DA	Y YEAR				
PHYSIE rending	the buri	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF IT	NJURY FACTORY, OFFICE, FA	21f LOCATIO	N	CITY OR TOWN	COUNTY	STATE
ATTENDI spitol or	for use as 1 . of Health a n 21 is mark		220.1 certify that (I) (this has sow the deceased alive abave, (I) (we) (did) (did	n / /////	Ch 19 Ch	and that in (my) (, 19 77 our) ppinion deo	th occurred on the date and	, 19 So, hour and from the	that (I) (we) lost causes stated
HOSPITAL OR A fined by the hos FUNERAL DIREC	State Dept	á	276 SIGNATURE	1. Bry	en	AT ADDRESS		MEDICAL STAFF DIRECTOR PHYSICIAN	3/	Verof 80
O HOSF etained	should be deto with the State [IMPORTANT: If		William 8.		.D.	577	72W estvi	ew Mall Balto	. Md. 21	1228
903 BP_	v > <	23a. E	Burial, CREMATION, REMOVA	3/5/198		New Cathed:	REMATORY	23d. LOCATION CITY OR TOWN Baltimore	соинту	STATE
DHMH - 16 60A (VR A 15 (4		24 FU	INERAL DIRECTOR 30 Edin tzke Funeral H	nondson Ave	nue £at	onsville Md.	250. DATE RE	C'D. BY REGISTRAR 256 HAT	All the same of th	



Hede D.						
		Star of J		aB		4
			. tur	LE GOLLY		un'
			dal ion card	1.2 22 3.	00000TL	
	de armer le tre		Demilian		Nelley a	
patros o	oon weeds together to a second	COUNTY OF T				
	testing			TANKS.		
		.51 -2224	media lauran a Li lyaneda		1714-141	

1	500			STAT	E OF MARYLAN		NE		
1 -	FOR STATE REGISTRAR			ICAL EXAMIN			24	07	00:
	ECEASED NAM			MIDDLE	LAST		20. DATE KNOWN		DAY YEAR 2
(TY	PE OR PRINT)	An	thony	V.	Parawa	ay, Jr.	OF ESTI- DEATH MATED	□ 3	27 19 80
SE	X	4. RACE	5. DATE OF BIRTH	6 AGE (IN YEAR LAST BIRTHD		IF UNDER 24 HRS	S. 2c. DATE PRONOUNCED	MONTH	DAY YEAR 2
	ale .	black	11 27	31 48 _{YR}	The state of the s	HOURS MIN.	DEAD		27 19 80
7a. E	OREIGN COUNTRY)		76. CITIZEN OF WHA	AT COUNTRY?	8. MARRIED D NE	_	9. BALTIMORE CIT	OR COUNT	Y OF DEATH
0 0	ITY OR TOWN	Md.	USA	ITAL, NURSING HOME	OR OTHER INSTITU	DIVORCED L	Baltimore		12b. KIND OF BUSII
	Baltimo:		(IF NOT IN SUCH FACE	ility, GIVE STREET ADDRESS) Lty Hospita			OR MOST OF WORKING LIFE)	THE OF WORK	OR INDUSTRY
J	AL RESIDENCE	(IF IN NURSING HOME O	R OTHER INSTITUTION, GIVE	RESIDENCE BEFORE ADMISSIO	(NO				
a. :	Md.	13b. COUN	TY	Balto.	13d. INSIDE (NO	1038 Brantl	ey Ave	enue
4. F	ATHER'S NAMI		MIDDLE	LAST		ER'S MAIDEN NAM			LAST
	Anthon		WIDDLE			hyllis		Wilkes	8
	YES, NO. OR UNKNO	D EVER IN U.S. ARA	WED FORCES? WAR OR DATES)	16b. SOCIAL SECURITY			ADDRE		- 10 Fee
	No				Ber	tha Dixor	1 2/06 N	. Long	wood St.
	18. CAUSE C	ATH WALAC CALICE	ly one cause per line f						APPROXIMATE IN
	10	A IMMEDIAT	E CAUSE (a) Cor	ngestive h	eart failt	ure			
	4. de	A TANKEDIA		AS A CONSEQUENCE O					
	Conditio	ns, if any, which							
	gave ri	ise to immediate	(b)						
	couse (o lying cou) stoting the <u>under</u> use lost.	DUE TO, OR A	AS A CONSEQUENCE (OF .				
		-	(c)						
z	PART 2 OTHER S	IGNIFICANT CONDITIONS		UT NOT RELATED TO THE TERM		N GIVEN IN PART 1 (a).			
TIO	190 DATE OF	OPERATION		Labetes Mel		MED?			20. AUTOPSY?
CERTIFICATION	THE DATE OF	OFERATION	178. CONDITI	ON FOR WHICH OPER	ALION WAS FERFOR	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			No. of Contract of
ERTI	21a EXTERN	AL CAUSE WAS	21b. TIME OF	INJURY	21c. HOW INJURY	OCCURRED LENT	ER NATURE OF INJURY IN ITEM	18 PART 1 OR PAR	
N C	UNDERLYING	G OR	HOUR A.M.	MONTH DAY YEAR				1	
MEDICAL	21d. INJURY	ING CAUSE OF I	21e PLACE O	F INJURY (AT HOME,	21f. LOCATION				
ME	WHILE	NOT WHILE	STREET FACTO	DRY, FARM, ETC.)	STREET		CITY OR TOWN	cou	INTY
	AT WORK	NOT WHILE C					Control of the last		
K.			e of the remains desc	ribed obove, held an	Autopsy .	Inspection X	Inquiry .	ond in my opi	inion
	1	ted from: //Natur	Gl couses XX	Accident . Su	cide . Homic		determined manner],	
4.7	deoth result	1111				SPECIFY)			
	deoth result	11/0							
	ACTUAL	He	-11			Cations		DATE	3/28/
100		SHE	Mari)		Cations	EDICAL EXAMINER	DATE SIGNED	3/28/8
	ACTUAL SIGNATURE	NAME //	MAN P C	y ard M D	M.D. Assi	istant M		SIGNE	3/28/8
225	ACTUAL SIGNATURE EXAMINER'S (TYPE OR PR	NAME HO	rmez R. Gu		M.D. Assi	istant M	n Street P	Signet	MD 21201
23a.	ACTUAL SIGNATURE EXAMINER'S (TYPE OR PR	NAME HO	3b. DATE	23c. NAME OF CE	ADDRESS_	istant M	n Street P	Signet	MD 21201
	ACTUAL SIGNATURE EXAMINER'S (TYPE OR PR BURIAL, CREMA (SPECIFY) Burial	NAME HO		23c. NAME OF CE	M.D. Assi	111 Per	n Street P LOCATION Baltimore,	signei Balto , Marÿla	MD 21201 and stat
	ACTUAL SIGNATURE EXAMINER'S (TYPE OR PR BURIAL CREMA (SPECIFY) BURIAL TREMA	NAME HO	23b. DATE 4/1/80	23c. NAME OF CE	ADDRESS_ ADDRESS_ METERY OR CREMATO hedral Cert	111 Per	n Street P	signei Balto , Marÿla	MD 21201 and stat

Barrell Commence of the commence of the second of the commence of the commence

NAMEC. March F/H 1101 E. North Aye.

FOR - STATE

REGISTRAR

24. FUNERAL DIRECTOR

DHMH - 16 50M 7/77

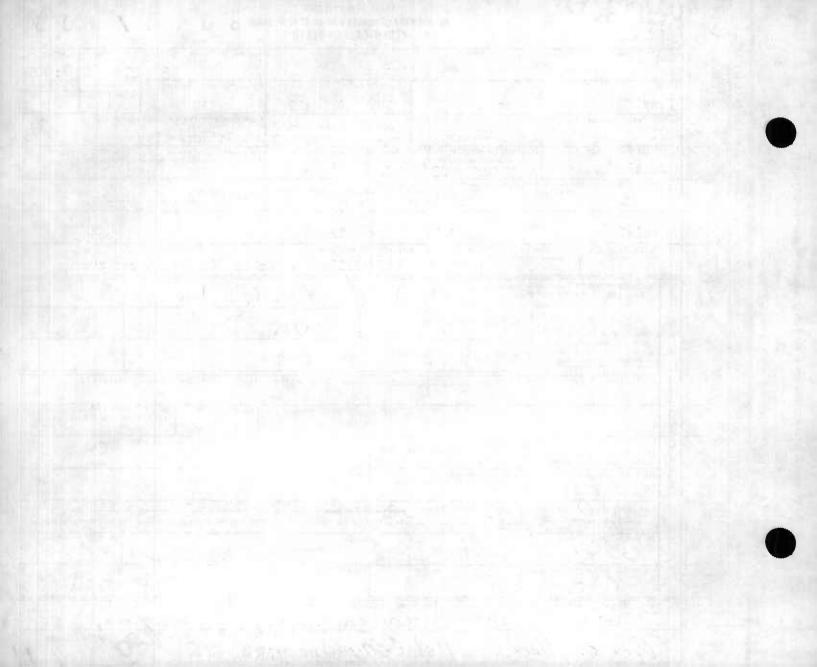
(VRA 15 (4))

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENES

CERTIFICATE OF DEATH

			\$ Jr	100
		Part Line		
3 3 3 2c				
	a week to			

STATE OF MARYLAND



should be detached for use as the buriol trons to permission by the ottending physician and completely filled in by the funeral director, page 3 should be died within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 21 is marked at Item 18 shaws any injury, at other traumatic event, the

er must be notified at once.

(M	
		may

STATE OF MARYLAND

6	-1	1	0	4
U	7	ال	1	0
0.				

	1-	FOR STATE REGISTRAR		DEPARTA		ICATE OF DEATH	IENE 8 ()	0 7	0 0) 6
		CEASED NAME FIRST OR PRINT) LESCIE		MIDDLE	PAK	KER	20 DATE OF DEATH	MONTH DAY	YEAR 21	B HOUR B 23 M
	3 SE)	FEMALE	4 RACE BL	ack	S. DATE C		6 AGE (IN YEARS LAST BIRTH	HDAY) IF UNDER		HOURS MIN.
3		RTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF	WHAT COUNTRY?	MARRIE WIDOWE	D NEVER MARRIED DIVORCED	BALTIMORE CITY OF	COUNTY OF DE	ATH	MD.
0	1	BALTIMORE	HOUSE 1	CHEACILITY, GIVE STREET	ADDRESS)	DROTHER INSTITUTION	12a USUAL OCCUPATK (TYPE OF WORK FOR MOST OF		KIND OF E USTRY	BUSINESS OR
3	USU/ 13a. S	AL RESIDENCE (IF NURSING HOME OF STATE 136 COUL		GIVE RESIDENCE BEFORE		136 INSIDE CITY LIMITS? YES NO	130 STREET ADDRESS	995 AUE	- 0	21216
0	14 FA		MIDDLE	LAST		15 MOTHER'S MAIDEN NAM	WIDDLE		LAST	
·		David VAS DECEASED EVER IN U.S. AF		Jackso		Emma 17 INFORMANT	ADDRE		Ware	3
1	()	yes, no or unknown) (IF yes, Giv	E WAR OR DATES)	225-18-	0589	Roberta Smi	th 3132 N	ormount	Ave	
		Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	D BY. TE CAUSE (0) DUE TO, O (b) DUE TO, O (c)	R AS A CONSEQUE	ENCE OF		eding			ATÉ INJERVAL SET AND DEATH
	NO	PART 2 OTHER SIGNIFICANT		ontributing to I	H.	eent DCS		ITION GIVEN IN P	ART 1(o)	
7	CERTIFICATION	190 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200. AUTOPSY? YES NO	206. IF YES, WERE IN CERTIFYING C	AUSES OF	
7	MEDICAL CER	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE.	P.	M. MONTH DA	YEAR	21c HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART 1 OR F	PART 2)	
	MED	21d. INJURY OCCURRED WHILE ONOT WHILE OF AT WORK	21e. PLACE (AT HOME, STI	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC.)	21f. LOCATION STREET	CITY OR TOW	n cou	NTY	STATE
		220.1 certify that (I) (this hasp saw the decreased give at above, (II) (we) (did) (dig no	///.	22 19	80.0	nd that in (my) (our) apinion o	death occurred an the da		ram the ca	
		22b. SIGNATURE	Huy	•			MEDICAL STAF	F _	3 /	8.80
		22d. PHYSICIAN'S NAME (TYPE O	AUJL	A		5400 0C.	D cour-	TRD	RAI 21	ND 1133



230 BURIAL, CREMATION, REMOVAL (SPECIFE Burial 23b. DATE 3/22/80 23c NAME OF CEMETERY OR CREMATORY Arbutus Mem.

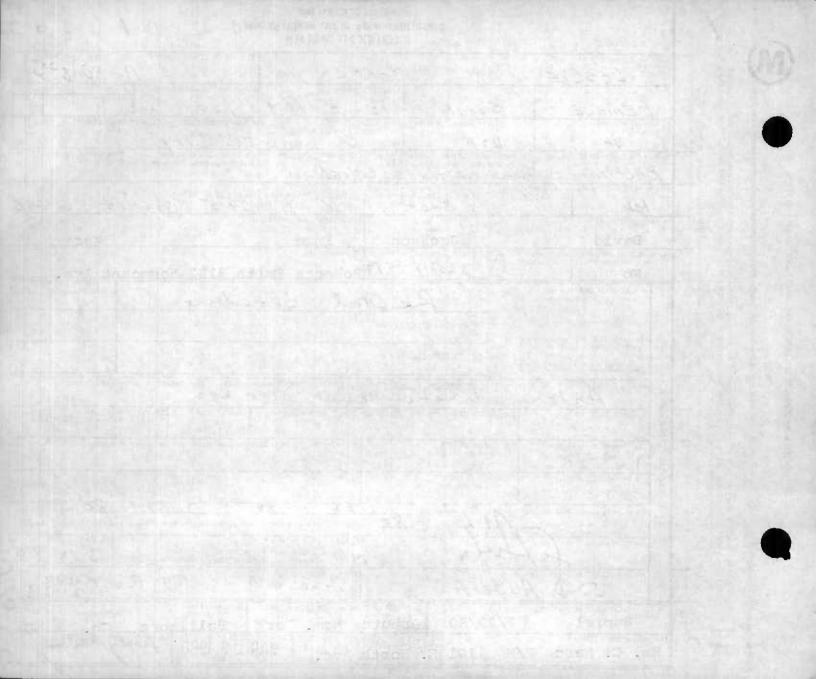
STATE COUNTY

24 FUNERAL DIRECTOR
Wm. C. March F/H

1101 E. North Aye.

Park Baltimore Co 1250. DATE REC'D. BY REGISTRAN 236. REGISTRAN'S SIGNATURE MAR 1 9 1980

MD

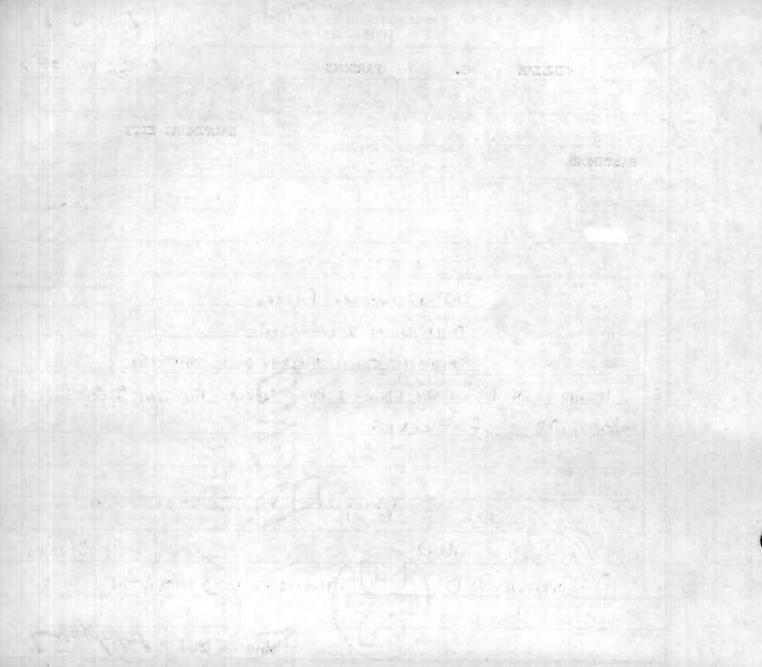


				STATE OF N	AARYLAND			. 3
5	1.	FOR STATE REGISTRAR	DEPAR	TMENT OF HEALTH CERTIFICAT	H AND MENTAL HYG		0 7 0	0 /
1						REG. N		
2	I. DE	CEASED NAME FIRST OR PRINT)	9M Roscoe	PARI	ters.	20. DATE OF DEATH	3/20/80	740F
44	3 SE	UV July	1 RACE	5. DATE OF BIRT		6. AGE (IN YEARS LAST BIRT	HDAY) IF UNDER I YE	AR IF UNDER 24 HRS
40	, 50	Male	Caucasian	July 1	5,1909 EAR	70	YRS. DA	
20	7a. BI	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	? 8	NEVER MARRIED	1 BALTIMORE CITY O	R COUNTY OF DEATH	رب
TAG		Virginia	U.S.A.	WIDOWED	DIVORCED [BALT	MORE	C/1/
3 33	-	altimore	11. NAME OF HOSPITAL, NURS		HESOITAL	TYPE OF WORK FOR MOST		obbusilesson
E	USU.	TATE , I I I I		ORE ADMISSION) WN 136. II	NSIDE CITY LIMITS?	13 STREET-ADDRESS	(101	241
- ES			e Arundel Pasade			490 yrays	Creek Rd.	211
e K	14. F/	THER'S NAME	MIDDLE Park		OTHER'S MAIDEN NAM Hattie	WE	C	ence
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		William					6.01	25 1 .
The man	16a V	VAS DECEASED EVER IN U.S.	ARMED FORCES? 166 SOCIAL SEC GIVE WAR OR DATES) 212-09-		Panken In	400 Arund	1/2011	b, Build.
nt,	-				1 14101219 710	700 / 1100		ROXIMATE INTERVAL EN ONSET AND DEAT
eve		PART I. DEATH WAS CAI	anly one cause per line for (a), (b), o	Comment of the last	-		BETWE	EN ONSET AND DEAT
natic			DIATE CAUSE (a) COURTO PU	menary	arrest			
raur		1550	DUE TO, OR AS A CONSEQ	UENCE OF	+		10	-++
Jer 1		Canditians, if any, which gave rise to immediate	(16) melasla	he he pa	luna		17.	nenths
roth		cause (a), stating the	DUE TO, OR AS A CONSEQ	UENCE OF				
۸, ۷		underlying cause last.	(c) premier	ua				
injui		PART 2 OTHER SIGNIFICAN	T CONDITIONS CONTRIBUTING TO	DEATH BUT NOT	RELATED TO THE TERM	AINAL DISEASE OR CON	DITION GIVEN IN PART	l(a)
any i	ŏ	consestiv	e heart fail	me				
2 shows	S	190 DATE OF OPERATION	196 CONDITION FOR WHIC	HOPERATION WA	S PERFORMED	20e AUTOPSY?	206. IF YES, WERE FIN	
Shov	臣					YES NOW	YES 🗍	NO
d or Item 18	CERTIFICATION	21a. ACCIDENT WAS UNDERLYING			HOW INJURY OCCURE	RED (ENTER NATURE OF INJUI	RY IN ITEM 18, PART I OR PART	2)
Them 1	¥	OR CONTRIBUTING CAUSE OF	DEATH	DAY YEAR				
arked or	MEDICAL	21d. INJURY OCCURRED	210 PLACE OF INJURY	21f I	LOCATION	CITY OR TOV	N COUNTY	CYAAF
Jark	\$	WHILE AT WORK AT WORK	(AT HOME, STREET, FACTORY, OFFICE	E, FARM, ETC.)	314661	CITY OR TOV	COUNTY	STATE
IS I			spital) attended the deceased from	3/15	19 80)	0 19 80	_, that (I) (ve) le
n 21		saw the deceased alive	ospital) attended the deceased from an 3 20 19.	80 and that	in (my) (aur) apinian	death accurred on the d	ate and haur and fram	
Item		22h SIGNATURE	nat) view the body after depth.	DEGRE	EE		122c. D.A	ATB SIGNED
T: 1		feel	le Cong	MD	ATTENDING	MEDICAL STAI	F 2	/20/80
A-		224. PHYSICIAN'S NAME (TY	PE OR PRINT!		ADDRESS	_ DIRECTOR PHISIC	IANA	7-100
IMPORTANT:			_ 1		1-1 4	as bis the in	to R.H.	. M.
MPORTANT	_		CLIN C. LOWE		DJOHNS HO	ODEING LEDO	ine parti	will, I let
	23a. (SURIAL, CREMATION, REMOV			ERY OR CREMATORY	23d LOCATION R GLEN BURN	. A COUNTY	STATE
		Burial	3/24/1980	len Have	n Mem. Park	R Ylen Burn	ie, Anne Aru	indel, I'ld
6 25M	24 F	UNERAL DIRECTOR	O To A ADDRESS,	2112	250. DAT	E REC'D, BY REGISTRAR	ZOD. REGISTRAR'S SYST	ALURE
1/79	1110	cully totto Mit	n. & Tick Neck Rd.	s., Pasader	ra, Md. MAI	R 2. 4. 1980	hosterding	7

#		1-	FOR STATE REGISTRAR				MENT OF	HEALTH		ND ENTAL HYG CATE OF I	4 4 7 8	Ü	7	0 (3	
		1. DE	CEASED NAME E OR PRINT)	FIRST		WIDDIE			LAST		2a. DATE	REG. KNOWN ESTI-	- MONTH			2b. HOUR
HOURS	OI KEE I,	3. SEX	4. RAC		S. DATE OF BIRTH	YEAR	6. AGE (IN YE LAST BIRTHD		DER 1 YR.	IF UNDER 24 I	HRS. 2c. DA	H MATED	□ 3	11	9 80 YEAR	1,0,000
		7a. BI	RTHPLACE (STATE OR	.ack	4-12-1	926	53 Y	RS.		HOURS MI	DEA	AD .	3 Y OR COUN		19 80	a _M
	35	FO	REIGN COUNTRY) Maryland TY OR TOWN OF DEA		USA					DIVORCED	Balti	imore	City			MD.
DELAY IS NE TO THE FUI N PAGE 5 1 BE FILED, W			Baltimore		11. NAME OF HOSE	er St	reet appeass)		ER INSTITU	TION 12	FOR MOST OF W	UPATION (ORKING LIFE) DISA	TYPE OF WORK		D OF BUS INDUSTR	INESS Y
ANY DANY DANY DANY DANY DOULD	35	USUA 130. S	L RESIDENCE (IF IN NU TATE Md	RSING HOME OR 13b. COUNTY			OR TOWN	ON)	13d. INSIOE CI YES√	TY LIMITS? 13e	STREET ADDI					
MD ATH	201	14. FA	THER'S NAME FIRST	Dowl	MIDDLE		LAST		FI	R'S MAIDEN N		MIDDLE	tree	t u	AST	
2 ~ ~ ~		(YI	Warren VAS DECEASED EVER ES, NO, OR UNKNOWN)	IN U.S. ARM	ED FORCES?		IAL SECURIT	Y NO.	17. INFORM			ADDRE		У		
, 200			Yes 18 CAUSE OF DEAT PART I DEATH W	H (Enter anly	ane cause per line BY: SE	1214 far (a), (b)		856		ssha P	arks	811 1	5. 22	APP	ROXIMATE	NTERVAL
W. PRESTON D WITHIN 24 FENCIL IN TIEF AMNINER ALOF FETRANSIT PER	REMOVAL		Canditions, if a gave rise to cause (a) stating lying cause last.	iny, which immediate	CAUSE (a)	AS A CON	ISEQUENCE (OF								
CORDS, ; BE EXEC SINDING" AN EDICAL AS A BU ALTH ANITH ANITH	CREMATION, OR	NO	PART 2 OTNER SIGNIFICAN	CONDITIONS CO	INTRIBUTING TO OEATN 8	UT NOT RELA	TED TO THE TERM	INAL OISEASE	OR CONDITION	GIVEN IN PART 1 (α).					
ITAL RECORDS SHOULD BE EX CHEY MEDING E USED AS A I OF HEALTH	IAL, CRE	CERTIFICATION	190. DATE OF OPERA	TION	19b. CONDIT	ION FOR	WHICH OPER	ATION W	AS PERFOR/	MED?					TOPSY?	по П
DIVISION OF VITAL RECORDS, S CERTIFICATE SHOULD BE EXE RITING THE WORD "PENDING" RDED TO THE CHIEF MEDICAL E 3 SHOULD BE USED AS A BUE E DEPARTMENT OF HEATH AND	TO BUR	CAL CER	210 EXTERNAL CAUS UNDERLYING (CONTRIBUTING)	OR	21b. TIME OF HOUR A.M.	M3NTH	101AY YE 87	21c. HC	bject	occurred (E stabbe	NIER NATURE OF I	NJURY IN ITEM	18 PART 1 OR PA	RT 2)		
DIVISION THIS CERT TE, WRITING DRWARDED 1 ORWARDED 3 SHAGE 3 SHAGE 3 SHAGE 15 TATE DEPA	OI PRIOR	MEDICAL	21d. INJURY OCCUR	WHILE X	21e. PLACE O		(AT HOME,		ATION TO DOV	er Stre	et city or i	Balti:	more,	Mary	land	STATE
MINER: TI TIFICATE, V BE FORW. ECTOR: PA	LAND, 212		220. I certify that I death resulted fram		af the remains desc	ribed aba Accident	[]	Autaps	y XX,	Inspection U	, Inquiry		ond in my a _l	pinion		
TO MEDICAL EXAMINER: EXECUTE THE CERTIFICATI PAGE 4 SHOULD BE FOI TO FOUNEMENT THE	RE, MARY	à	ACTUAL SIGNATURE	myte	Deldy	M	<i>)</i> .	M.	TITLE (SF	ictant	MEDICALEXA	MINER	DATE SIGNI	3-	11-80	0
TO MEDIC EXECUTE PAGE 4	ALTIMO	73a Pi	EXAMINER'S NAME (TYPE OR PRINT) JRIAL, CREMATION, RI				11,M.D			111 Per		et				
210/ BP	_	{S	Burial UNERAL DIRECTOR		3-17-80	23c. N			v. Cen		A.A.C		CISTRAP'S	arvl	and	E
DHMH - 17 (VR A15 ME (S 15M 7/77			saiah L.	Brown	n & Son	PA	1913	W. B		MAR 1	8 1980		in fame	Sex C.	ne e	TVI

Leonard JRuck Inc. Baltimore, Maruland

STATE OF MARYLAND



1
1

er must be notified at once.

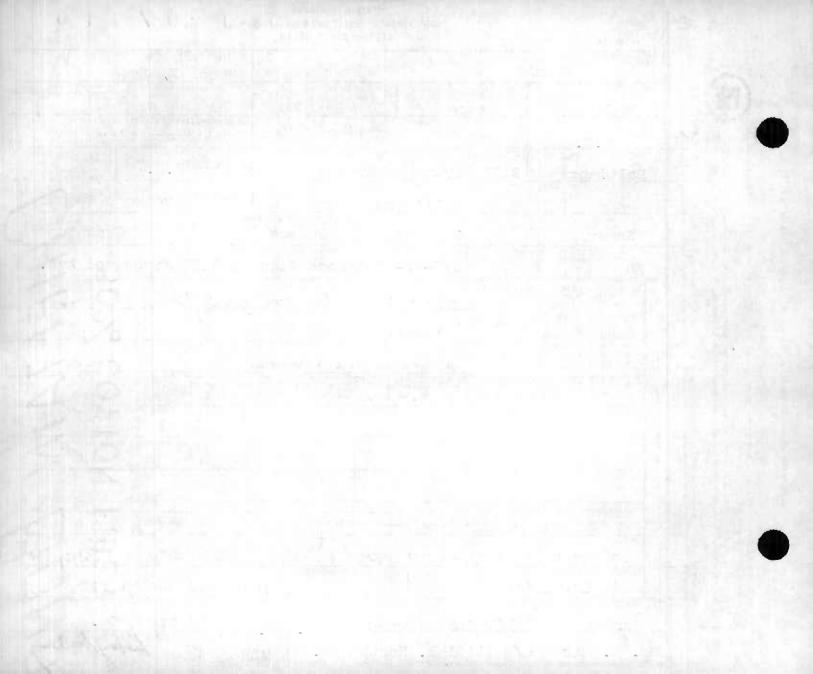
IMPORTANT: If Item 21 is marked or Item 18 shows ony injury, or ather traumatic event, the

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1980

1	1 -	FOR STATE REGISTRAR		DEPART		EALTH AND MENTAL HYG	IENE U	0.	3 1	U
	1. DE	CEASED NAME FIRST CORPRINT) THOMA		MIDDLE		RSON	20 DATE OF DEATH March 7		. , , , , ,	2h HOUR M
	3. SE	X Male RTHPLACE ISTATE OR FOREIGN	4 RACE Neg		5 DATE C		6. AGE IN YEARS LAST BIRT	YRS	UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN
7	C	S.C.	USA		WIDOWE		Baltimore city o	re Ci	ty	MD
0		Baltimore	3227 I	Ravenwoo	address)	r other institution	OSUAL OCCUPATION ROST OF Canton R.	ON F WORKING LIFE)	126 KINDOI INDUSTRY Wareh	ouse
5	13a S	AL RESIDENCE (IF NURSING HOME OF STATE 136, COU	OR OTHER INSTITUTION NTY	Baltime		13d INSIDE CITY LIMITS? YES NO []	3227 Ray	enwoc	d Ave	nue
2	14 FA	Sammy	MIDDLE	Pearson	n	Is mother's maiden name Luzene	WIDDLE		untho	rp
	0	VAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN)	RMED FORCES? VE WAR OR DATES)	217-22		Rose Pears	son 3227 F		rood A	we.
		18 CAUSE OF DEATH Enter of PART I. DEATH WAS CAUS	ED BY. TE CAUSE (0)	frobal	ru,	ventrular	anlyta	my	BETWEEN O	MATE INTERVAL DISET AND DEATH
		Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse lost.	(b)_	R AS A CONSEQUE	NCE OF	1 1. 1. 1			y	2
	N	PART 2 OTHER SIGNIFICANT	conditions co			NOT RELATED TO THE TERM		DITION GIVEN	IN PART 110	9
)	CERTIFICATION	190 DATE OF OPERATION		000	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, V IN CERTIFYI YES	WERE FINDIN	IGS USED OF DEATH?
,		210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING] CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINER	MIN	FINJURY M. MONTH D. M.	YEAR	21c HOW INJURY OCCURR	RED (ENTER NATURE OF INJUI	RY IN ITEM 18, PAR	T I OR PART 2)	
	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE (AT HOME, STI	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC.)	211 LOCATION STREET	CITY OR TOV	VN	COUNTY	STATE
		22a.1 certify that (1) (this hasp sow the deceased alive a above. (1) (we) (did) (did n	n	19_	, 01	, 19	deoth occurred on the de			that (I) (we) lost causes stated
		22b. SIGNATURE Denald J	. W 7gl	lee no	Res	ATTENDING PHYSICIAN	MEDICAL STA		3/1	SIGNED
		22d. PHYSICIAN'S NAME (TYPE)	1 V			Unin M	umvial 1	dent		
	23a. E	BURIAL, CREMATION, REMOVA SPECIFY) Burial			rbut	EMETERY OR CREMATORY	23d LOCATION CITY OF TOWN Baltimo	re (оинту Со .	MD STATE
		uneral director m. C. March	F/H 11	01 E. N		73a. DATE	- 4 0 1000	25b. RECOURT	P'S SIGT ATI	Credy

DHMH - 16 50M 1/76 (VR A 15 (4))



MIDDLE

FOR

REGISTRAR

- STATE

DHMH-16 25M (VRA 15, 4) 1/79

BALTIMORE CITY OR COUNTY OF DEATH BALTIMORE CITY 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY 720 OLD WESTMINSTER PIKE 21157 Mann ADDRESS Westminster. Md. Charles R. Peeling 135 Smith Ave ETWEEN ONSET AND DEATH PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [YES T 211. HOW INJURY OCCURRED [ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2] COUNTY STATE MARCH 20 80 and that in (mx) (our) opinion death occurred on the date and hour and from the causes stated 22c DATE SIGNED 3/20/80 DIRECTOR PHYSICIAN X 3900 LOCH RAVEN BLVD. BALTO.MD. 21218 Finksburg, Carroll (SPECIFY) 3/22/80 Lyergreen Memorial Card Burial Thomas D. Fletcher & So Westminster, Md. 21157 D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24-FUNERAL DIRECTOR

STATE OF MARYLAND

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE R

REG. NO

20

IF UNDER I YEAR DAYS

2h HOUR

HOURS

80

12:05P

IF UNDER 24 HRS

	A B B				
erat er	95 - 2	ox assis		of allow	
	32.20	1388 DT 1	100	201	
	9975 760 07 FA		.4.0	.11	H. Sankarata
	bastfoff	.011.07.740	1107	THE AN	TANYER
TE TELE	prefixional one not		restantantes	Mornini	OVATO AT
ons!!	Derek		201105		armat .
	Feeling 135 Julya	.S delsono	ZEVE-CO-POR		Pak
	-, WE - X	A	20, 0	JONAL MOC	
Syndrate	x and a				
1819 .kur.	OTTAN , PART HENY		. 4.3		
	at greater II service a lat	ON CHEST TO LES	THE PARTY	ASSAE THE PLAN PLAN IN	De 24th

YOURSEL FULLIN CONTRA

and the second second

NAME 200, 18, 1935 AFRICA

YTTO ELOCITADA

PARTITIONS, 60. THE COTING HOSPITES HOUSINGS LANGELLE CLASSICAL CO.

area to teacher at ear g SECUTIAN ----

ANIOUTE MARKY PRINCEY SAYON AND DA

3109 II. HELSTON ST.

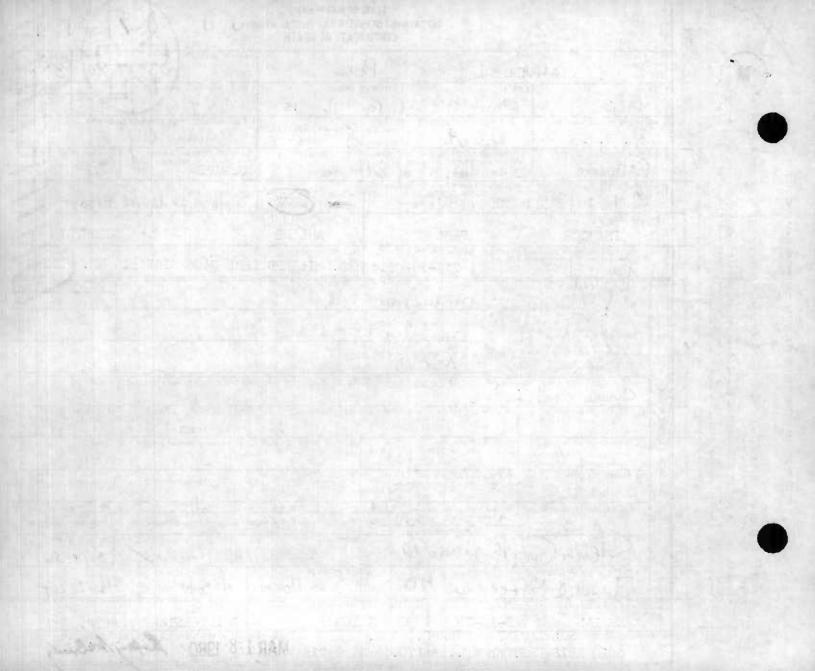
IN 216-32-2053 SAYDL TERRITOR: DAITY., NO.

. The second second

22.224,000

A COMPANY								ARYLAND						
) (BB)	11.	FOR STATE						AND MENTAL	244	2.8	0	7) ! "	7
- (IVI)		REGISTRAR		A	MEDICALI	EXAMINI	ER'S CE	ERTIFICATE	OF DEA	TH	REG. NO.	'	, ,)
		CEASED NAME	FIRST		WIDDLE		U	AST				HTMOM	DAY YEAR	Zb. HOUR
m % % % F.	{1x	PE OR PRINT)	ERNES	ST	1.	P	ERKUN	S	200	OF DEATH N	AATED	3	23 80	AA
EAS TOO FILE OUR	3. SE	K [4	RACE	S. DATE OF BIE		6. AGE (IN YEAR		ER 1 YR. IF UND	ER 24 HRS.	2c. DATE		MONTH	DAY YEAR	6 192
PRECIPIE F		ma le	black	MONTH D	AY YEAR	179 VR		DAYS HOURS	MIN	PRONOUNC DEAD	ED	3	23 80	a _M
NECESSARY, FUNERAL DIS 5 FOR YOU WITHIN 72	70.0	IRTHPLACE (STATE		7b. CITIZEN O	1 1900 F WHAT COUN		1				RECITY OR	COUNT	Y OF DEATH	a M
OR OR ITHI	20 1	REIGN COUNTRY)	,	,		(K);		D NEVER MA	RRIED					
S NECESSARY, PLEASE FUNERAL DIRECTOR. E. S. FOR YOUR FILES. D. WITHIN 72 HOURS.		orth Car		11 114145 05	1,5,	DEINIG HOME	WIDOWE	D L DIVO	RCED L	IAL OCCUPA	imore		126. KIND OF BI	MD.
Y IS THE ICE	10. 0	ITY OR TOWN OF		1707		TREET ADDRESS)	OK OTHE	KINSTITUTION		AOST OF WORKIN		F WORK	OR INDUST	RY
IF ANY DELAY IS NI AND 3 TO THE FL. SHOULD BE FILED.	50	Baltimor										4		
. IF ANY DELUZ, AND 3 TO SHOULD BE SHOULD BE IT RECORDS.		AL RESIDENCE (IF	IN NURSING HOME OR			OR TOWN		3d. INSIDE CITY LIMITS	2 13e. STRI	EET ADDRESS	5, 1, 1	, ,		
21201 F AND 3. RET. SHOUL	35	Md.			Bà	sito	11	YES NO	D 170	7 Dru	id His	1/17	ue	
7. 2. 7. 2. 7. 2. 7. 3. 2. 5. 8. 8. 8. 8. 8. 8. 8. 8. 8. 8. 8. 8. 8.	14. F	ATHER'S NAME		MIDDLE				15. MOTHER'S MA	IDEN NAME	IDIA	VIE.		1241	
ORE, MD. 2 R DEATH. IF AGES 1, 2, RM PM 3. I AND 2 SI OF VITAL	00	John	1	WIDDLE	Pa	PrKIN	10	Molli	10.	MIDE	7,6		Alle	N
MORE, M TER DEA' PAGES PAGES FORM PV FORM PV FORM PV	160	WAS DECEASED E	VER IN U.S. ARM	ED FORCES?	16b. SOC	IAL SECURITY	NO.	17 INFORMANT			ADDRESS	27	Thursd A	1.1/
I FO		ES, NO. OR UNKNOWN	(IF YES, GIVE W	AR OR DATES)	212	カガーはつ	ND	11	17 Pa	at un	170	11+	* Md	1777
BALTIMORE, URS AFTER DE 3. GIVE PAGE WITH FORM PAGES 1 AN DIVISION OF	-	140	1		21/	0.1 1d	70	VIFGIN	19 16	LLINZ	(-)<	1. 1.1.	APPROXIMAT	F INTERVAL
100	10	PART I DEAT	DEATH (Enter only TH WAS CAUSED				tio o	ardiovas	0.100	diam	7.0		BETWEEN ONS	T AND DEATH
PRESTON ST., VITHIN 24 HOI CIL IN HEM 18 NER ALONG ANSIT PERMIT		11292	IMMEDIATE	CAUSE (0)-				aluluvas	Cular	urseas	se			
	¥	Con Para	16	DUE TO	, OR AS A CON	ISEQUENCE C)F							
E E E E Z Z Z	XEWOON A		if ony, which to immediate	(b)_										
> 22862	ž.	couse (o) ste lying couse	oting the under-	DUE TO	, OR AS A CON	ISEQUENCE O	F						10000	
O LY SERVE	Š	lying coose	1031.	(c)_	200				E I I CAN					
EXECUT NG" IN ICAL EX A BURIA A BURIA	CATION	PART 2 OTHER SIGNI	FICANT CONDITIONS C	ONTRIBUTING TO D	EATH BUT NOT RELA	TED TO THE TERMI	NAL DISEASE (OR CONDITION GIVEN IN	N PART 1 (o).	4144				
RECORDS, UID BE EXE PENDING' PENDING' F MEDICA PENTH AN	Z Z													
TAL RECTOULD TO WEEK AND WE WE WAND WAND WE WAND WE WAND WE WAND WE WAND WE WAND WAND WE WAND WAND WE WAND WAND WE WAND WAND WAND WE WAND WAND WAND WE WAND WE WAND WAND WAND WAND WAND WAND WAND WAND	1	190 DATE OF O	PERATION	19b. CO	NDITION FOR	WHICH OPERA	ATION WA	S PERFORMED?		1	12.4		20. AUTOPSY	3
₹ 00±0°		51/Min											YES 🗆	NOX
VISION OF VITAL VISION OF VITAL ING THE WORD ED TO THE CHI 3 SHOULD BE US SEPARTMENT OF	CERTIFIC	210. EXTERNAL	CAUSE WAS		E OF INJURY		21c HO	W INJURY OCCUI	RRED (ENTER)	NATURE OF INJUR	Y IN ITEM 18 PAR	T I OR PAR	T 2)	
FICATE THE WOLD IN	N A	UNDERLYING	OR CAUSE OF D		A.M. MONTH P.M.		Tro.							
/ISIO	MEDIC	214 INTURY OC	CURRED		CE OF INJURY	19 (AT HOME.	21f. LOC	ATION						
DIVISION ARITING ARDED STATE OF THE CER.	X X	WHILE AT WORK	NOT WHILE	STREET	, FACTORY, FARM, E	TC.]	STI	REET		CITY OR TOWN	4	COU	YTM	STATE
E240F	21201	AT WORK	AT WORK											
		22a. I certify	that I took charge	of the remain	s described obo	ve, held on	Autopsy	/ L, Inspec	ction .	Inquiry	X, ond	in my op	inion	
MINER IIFICAT BE FO CTOR	AN	death resulted	from Nature	l causes X	Accident	, Sui	cide .	Homicide	Undet	ermined mon	ner .			
EXAMINER CERTIFICATI UID BE FOI DIRECTOR:	MARYLAND		01.	- 1	10/11	1		TITLE (SPECIFY))					
		ACTUAL SIGNATURE	Wowa	te	0-1-1-	VII	M.E	Assista	ntMED	ICAL EXAMIN	NER	DATE	3/25	/80
DICAL I	NO KE	The second												
	1	TYPE OR PRINT	AME Marga	rita A	. Korel	.I,M.D.	Δ	DDRESS 111	Penn S	treet			3100	
TO MI EXECU PAGE TO FU	Y 73a	SURIAL CREMATIC	ON REMOVAL 22	DATE:	/ 12101	NAME OF CEN	WEERY OF	CREMATORY	1716.10	CATION ,		C008	in .	tion &
on	. 9 3	Duri	de la	3/20/	80 7	nt a	ull	usn!	1	211	3	500	n	(1)
1402	24.5	LINERAL DIRECTO	Diff	171	100	me	1.00	AN Ba DA	TE REC'D: BY	REGISTRAR	151 2019	RAPSY	a Preoles	
OHMH - 17 (VR A15 ME (5)	0 /	The of	vell :	1/4 10	OHELL	175	m	MA	R 261	980	frof	reys	ununy	
15M 7/76	6	nuis	rase o	111	7	acco,	11	1				1	-	

24	1.	FOR STATE REGISTRAR		DEPARTMENT OF	TE OF MARYLAND HEALTH AND MENTAL H' FICATE OF DEATH	YGIENES ()	0 7	Û	14
		CEASED NAME FIRST SAM	UEL	F	eri	2a. DATE OF DEATH	MONTH DAY 03 14	YEAR 80	850 M
ge 4 ectar, po rs offer d	3 SE	x Male	4 RACE CAUCASIA	MON	a well-	6. AGE (IN YEARS LAST BIRT		NDER I YEAR	IF UNDER 24 HRS HOURS MIN
heath. Por in 72 hours	(RTHPLACE (STATE OR FOREIGN OUNTRY) ASH. D.C.	16 CITIZEN OF WHAT CO	OUNTRY? 8 MARRI	ED NEVER MARRIED	BALTIMORE CITY O		DEATH	MD.
s ofter dec	10.C	BATIMORE		GIVE STREET ANDRESS	OR OTHER INSTITUTION	120. USUAL OCCUPATION OF WORK FOR MOST OF MANAGER	ION I	JEWE	FBUSINESS OR LRY STORE
AND 212	USU 13a	AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION, GIVE RESIDENTLY 130. GIT	DENCE BEFORE ADMISSION Y OR TOWN	134 INSIDE CITY	130 STREET ADDRESS	reld Rd	21208	•
MARYLL ed withir impletely ond 2 sh	14. F.	ATHER'S NAME ISADORE	MIODLE	L	15. MOTHER'S MAIDEN N PAULINE	AME	G	OLDST.	ÉIN
iMORE, oe execut on and co. Pages I		VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES. GIVI	E WAR OR DATES)	5-10-0914	MRS. MILDRED	PERL 3406 M		RD.	#21208
RDS, 201 W. PRESTON ST., BALT aquires that the death certificate be signed by the attending physicia. Then please remove carbon papers to burial, cremation, or removal. injury, or other traumatic event, the	NO	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost PART 2 OTHER SIGNIFICANT COUNTY CO	D BY TE CAUSE (a) CAY DUE TO, OR AS A C (b) CO DUE TO, OR AS A C (c)	diogenic consecuence of ngestive consecuence of	shock conf failure	RMINAL DISEASE OR CON	DITION GIVEN		MATE INTERVAL MISET AND DEATH
TAL RECORDS. The low requireton. The hos been significan. The hos been significant prior to be shown only injury.	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FO	OR WHICH OPERATION	ON WAS PERFORMED	200. AUTOPSY?	20b. IF YES, W IN CERTIFYING YES	G CAUSES	
VISION OF VI	MEDICAL CER	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOTIFY MORK AT WORK	un i	ONTH DAY YEAR 19 RY		URRED (ENTER NATURE OF INJUI CITY OR TOV		OR PART 2)	STATE
OR ATTENDI s haspital or DIRECTOR: A ched for use Oept. of Heal Item 21 is m.		220. I certify that (I) (this haspi saw the deceased alive an obayon (I) (we) (did) (did no 22b. SIGNATURE	314	19_5V , c	nd that in (my) (our) opinio DEGREE ATTENDING PHYSICIAN	n death occurred on the do	FF /	d from the c	
TO HOSPITAL of retained by the TO FUNERAL I should be detained by the State I IMPORTANT: If		Jeven Gr	00	MD	SINA HOSP	ital of Bulh	nore, I	16 21	215
Z 6 - 2 2 Z	230.	BURIAL, CREMATION, REMOVAL	23b. DATE		CEMETERY OR CREMATORY	CITY OR TOWN	cou	NTY	STATE
4103 BP		BURIAL	3-16-80	OHEB S		REISTERS		LTO.	MD
DHMH - 16 50M 7/77 (VR A 15 (4))	24 F	UNERAL DIRECTOR SOL L. 6010 REISTE		ADDRESS	168	R 1 8 1980	Zib. GISTRAR	SSGNATI	JRE aoile



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR 2a DATE OF DEATH DECEASED NAME 2b. HOUR YPE OR PRINT 6 AGE (IN YEARS LAST BIRTHDAY) SEX IF LINDER I YEAR IE LINDER 24 HPS Feb. 7, 1904 Female White 76 BIRTHPLACE (STATE OR FOREIGN TE CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Maryland US Baltimore City WIDOWED O CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12h. KIND OF BUSINESS OR Agnes Hospital (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Baltimore USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130. STATE 113) CQUNTY 1130 CITY OR TOWN 13e STREET ADDRESS 13d. INSIDE CITY LIMITS? Baltimore 7108 Rolling Bend Rd. Maryland Woodlawn 14 FATHER'S NAME IS MOTHER'S MAIDEN NAME Robert Blatchlev Susan Barnett 17. INFORMANT 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO (YES, NOOR UNKNOWN) Mr. Frank C. Peters, 6118 Chanelford Rd. 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)
PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE 4 days Canditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 DIVISION OF VITAL RECORDS, CERTIFICATION 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 206 AUTOPSY IN CERTIFYING CAUSES OF DEATH? NO I Hygier 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 23c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21f LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased fram saw the deceased alive an 3-30-above, (1) (we) (did) (did not) view the body after death and that in (my) (aur) apinian death accurred an the date and haur and from the causes stated 22h SIGNATURE DEGREE 22c. DATE SIGNED MEDICAL DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS should be St. Agnes Hospital, Balto., MD 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION 230. BURIAL CREMATION, REMOVAL Burial 4/2/80 Maryland New Cathedral Cem. Baltimore, 24 FUNERAL DIRECTOR 1630 Edmondson Ave., C tonsville, Md 250 DATE REC'D. BY REGISTRAR 255 DHMH - 16 50M 1/76 Witzke Catonsville Funeral Home, P.A. 21228 (VR A 15 (4))

property and the paper . I will be the

		HOSES	1900	117.14	
			Los Hew	efanci	
	american 1				
		ALPTOPINI AN	TENERAL MOTING		
North village		The street	Tele		
		ally a no	office is		
•	nummer i .d t	Juzali -			

-		FOR STATE REGISTRAR CEASED NAME FIRST CORPRINT) EMMA 4. RACE			E OF MARYLAND	Inverse as a	2 1 2
41				DICAL EXAMIN	HEALTH AND MENTAL	OPDEATH O	/ 0 1 /
1				MIDDLE -	LAST	26. DATE KNOWN	
ı		OR PRINT)		A.		OF ESTI-	2 20 00
	3. SEX		A 5. DATE OF BIRTH	A AGE (IN YE	PFTSTER ARS IF UNDER 1 YR. IIF UNDER	ER 24 HRS. 2c. DATE	MONTH DAY YEAR 6 HOT
,		emale white	MONTH DAY	YEAR LAST BIRTHD	MONTHS DAYS HOURS	MIN. PRONOUNCED	3 30 80 P
		RTHPLACE (STATE OR	e July 22 76 CITIZEN OF WH	1902 77 YI	0	9 RAITIMORE CITY	OR COUNTY OF DEATH
	A. FOI	REIGN COUNTRY)	1	ISA	" MARRIED NEVER MAR	D-11.1	City
	10. CI	TY OR TOWN OF DEATH			, OR OTHER INSTITUTION	120. USUAL OCCUPATION (TY	MIL
	F	Baltimoce	433 E. I	ort Avenue	Balto. Md.	Housewife	OK IIIDOSIKI
	USUA 13a. S1	L RESIDENCE (IF IN NURSING H		13c CITY OR TOWN	ON)	13e. STREET ADDRESS	A4 1
	113	yland		Baltimore	YES NO	1433 E. Fort Ave	e. Balto. Md.
	14. FA	THER'S NAME	MIDDLE	LAST	15. MOTHER'S MAI	DEN NAME	LAST
		Albert		Reeden	YNO 17, INFORMANT	na M. ADDRES	Thomas
		AS DECEASED EVER IN U.S.	. ARMED FORCES? , GIVE WAR OR DATES)	216-50-14		nd E. Nolan, Rivie	
-					Jo Inne Nagnon	a (,. 110xust, ricevee	
	9.7	18. CAUSE OF DEATH (Enter PART I DEATH WAS CA	er anly one couse per line USED BY: A T		otic cardiovas	oular diagram	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ı		41999 IMME	DIATE CAUSE (0)	AS A CONSEQUENCE		cutal disease	
l		Conditions, if any, w		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
ı		gave rise to immed couse (a) stating the un	diote (b)	AS A CONSEQUENCE	OF.		
ı		lying couse lost.	(5)				
ı		PART 2 OTHER SIGNIFICANT CONOL	TIONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GIVEN IN	PART 1 (a).	
ı	NO	Marie Trans					
	ATE	196. DATE OF OPERATION	19b. CONDIT	ION FOR WHICH OPER	ATION WAS PERFORMED?		20 AUTOPSY?
	TIFIC						YES NO D
	MEDICAL CERTIFICATION	216 EXTERNAL CAUSE WA		INJURY . MONTH DAY YEA		RED (ENTER NATURE OF INJURY IN ITEM 1	B PART 1 OR PART 2)
	CAL	UNDERLYING OR CONTRIBUTING CAUSE	OF DEATH P.M	. 19			
	MED	21d. INJURY OCCURRED WHILE NOT WHILE	21e PLACE C STREET, FACT	OF INJURY (AT HOME, ORY, FARM, ETC.)	21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
l		AT WORK AT WORK					
١		22a. I certify that I took	charge of the remains des	cribed obove, held on	Autopsy , Inspec	tion XX, Inquiry , o	and in my opinion
I	-10	death resulted yarri	Natural courses XX	Accident . So	icide	. Undetermined manner	
1		ACTUAL WAS	10 D- 1 0	Maile	TITLE (SPECIFY)		DATE O OT OO
4		SIGNATURE	ferce live	MAL	M.D.Assistan	MEDICAL EXAMINER	SIGNED 3-31-80
-		EXAMINER'S NAME (TYPE OR PRINT)	Margarita A	. Korell,	M.D. ADDRESS 11	1 Penn Street	
	23 a. B	URIAL, CREMATION, REMOV	AL 23b DATE		METERY OR CREMATORY	123d. LOCATION	COUNTY , STATE
		Durial	Apr. 3, 1980	Holy (no	ss (emeterly	Baltimore,	Maryland STATE
-	24. FI	UNERAL DIRECTOR	I Home. 130 es	E. Font Ave	Balto. Md. AP		SISTRAR'S SIGNATURE
1	11:	ig ully runero	ic nome.	of Olde Tive.	AP	R 1 1980 F	111/11/11

	REGISTRAR	FIRST	MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.						7 0		
	ECEASED NAME PE OR PRINT!	CURTIS		LSON	PHELPS		26. DATE K OF DEATH	MATED 📙 3		80 Zb. H	
70. E		VHITE 7	DATE OF BIRTH MONTH DAY Aug. 26, 1	1917 62 Y	ARS IF UNDER 1 YR. AY) MONTHS DAYS RS. 8. MARRIED X N WIDOWED	HOURS	PRONOUNCE DEAD 9. BALTIMO		OUNTY OF DEA	80 2d, H 4: 80 TH	
0 B	altimore		11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY GIVE STREET ADRESS) 2341 Sidney Ave. PROTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION!						OR INDUSTRY		
5 13a	anyland	13b. COUNTY	OTHER INSTITUTION, GIVE	residence before admiss 13c. CITY OR TOWN Daltimore	13d INSIDE		32347 Sign	sey Aven	ше		
0	ATHER'S NAME FIRST LIME!		WIDDLE	Phelps	An		NAME	DLE	O' Shay		
160.	WAS DECEASED ET YES, NO, OR UNKNOWN	VER IN U.S. ARME (IF YES, GIVE WA	ED FORCES? AR OR DATES) 11	219-05-01		Cather	ine M. Ph	address relps 23	141 Sidn	ey Ave	
	cause (a) sta lying cause I	Burney (197	(c)	S A CONSEQUENCE	11 334						
NO NO			NTRIBUTING TO DEATH BUT	T NOT RELATED TO THE TERM	IINAL OISEASE OR CONDITI	ON GIVEN IN PART	1 (a).				
TIFICATION	190. DATE OF OP			T NOT RELATED TO THE TERA			1 (0).		20. AUT		
CAL CERTIFICATION	190. DATE OF OP 210. EXTERNAL C UNDERLYING CONTRIBUTING	AUSE WAS	21b. TIME OF INHOUR A.M. /	ON FOR WHICH OPER NJURY MONTH DAY YEAI 19	21c. HOW INJUR	RMED?	(ENTER NATURE OF INJUI	RY IN ITEM 18 PART 1	YES		
	190. DATE OF OP	AUSE WAS OR CAUSE OF DE	19b. CONDITION 21b. TIME OF IN	ON FOR WHICH OPER NJURY MONTH DAY YEAR 19 INJURY (AT HOME,	ATION WAS PERFO	RMED?			YES		
	190. DATE OF OP 210. EXTERNAL C UNDERLYING CONTRIBUTING 210. INJURY OCC WHILE AT WORK	AUSE WAS OR CAUSE OF DE URRED OT WHILE T WORK Natura	21b. TIME OF INHOUR A.M. / ATH P.M. 21e. PLACE OF STREET, FACTOR	DN FOR WHICH OPER NJURY MONTH DAY YEAR 19 INJURY (AT HOME, RY, FARM, ETC.)	216. HOW INJUR 216. LOCATION STREET Autopsy, icide, Hom	The process of the pr	(ENTER NATURE OF INJUI	n and in r	COUNTY my apinian AATE GREE 3-29	□ NO	

STATE OF MARYLAND

THE PERSON OF TH /• IN THE PROPERTY OF THE PROPERT The second representation of the State of the second No. serred by a common or and the second s and the state of the same and t

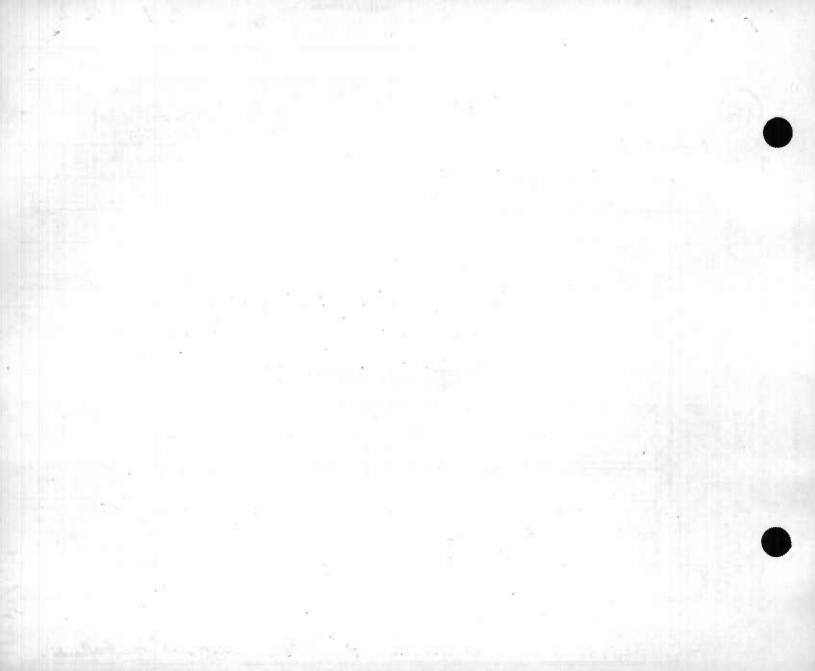
	REGISTRAR	FIRST		OF HEALTH AND MENTAL MINER'S CERTIFICATE	OF DEATH REG. NO.	019
(1)	ECEASED NAME YPE OR PRINT)		1	LAST	OF ESTI-	
3. SE	v 1	Edward 4. RACE	5. DATE OF BIRTH 6. AG	Pierce	DEATH MATED [3	17
			MONTH DAY YEAR LAS	BIRTHDAY) MONTHS DAYS HOURS	MIN PRONOUNCED	11
	Male BIRTHPLACE (ST/	White ATE OR	August 1, 1918	51 YRS.	9. BALTIMORE CITY OR CO	2 19 80
F	Marylan	1	1154	MARRIED NEVER MAR	RIED .	
	ITY OR TOWN		11. NAME OF HOSPITAL, NURSING	HOME, OR OTHER INSTITUTION	Baltimore 12a. USUAL OCCUPATION (TYPE OF WO	DOW 112h KIND OF BUSIN
0 1	Baltimor	-0	814 E. Jeffrey	Street	Shiplitten-Phile	OR INDUSTRY
USU	AL RESIDENCE	IF IN NURSING HOME OF	OTHER INSTITUTION, GIVE RESIDENCE BEFORE	ADMISSION)		a. Navy Jano
130.	Maryland	d 136. COUNT	Baltim	ORE 13d. INSIDE CITY LIMITS?	13. STREET ADDRESS	troot
	ATHER'S NAME		MIDDLE	15 MOTHER'S MAII	DENINAME	CICCOC
0	Joseph		/ • •	enski Kathen	ine	Kot
160.	WAS DECEASED YES, NO, OR UNKNOW	EVER IN U.S. ARM	NED FORCES? 166 SOCIAL SE 216-09-	CURITY NO. 17. INFORMANT	en Pience 1617 (her	21226
	18. CAUSE OF	DEATH (Enter anly	y ane cause per line far (a), (b), and (APPROXIMATE INTE
1	PARTIDEA	ATH WAS CAUSED	ECAUSE (a) Thrombo	sis of multiple	cerebral arteries	5 BETWEEN ONSET AND
	7.22	0	DUE TO, OR AS A CONSEQUE	ENCE OF		
	gave rise	s, if any, which to immediate	(b)			
	lying cause	stating the <u>under</u> elast.	DUE TO, OR AS A CONSEQUE	NCE OF		No.
			(c)			
			UNIDIBILITING TO OCSTU DUT NOT DELETED TO T	OF TERMINAL OUTS OF COMOUTION OWEN IN		
Z	PAKI 2 UTHER SIGN	MITICANI CONDITIONS C	ONTRIBUTING TO OEATH BUT NOT RELATED TO T	UE TERMINAL DISEASE OR CONDITION BIVEN IN F	PART 1 (a).	
ATION	19a. DATE OF C			OPERATION WAS PERFORMED?	PART 1 (a).	20 AUTOPSY?
IFICATION					ART I (a).	20. AUTOPSY?
CERTIFICATION	19a. DATE OF C	OPERATION CAUSE WAS	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED?	RED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 C	YES 🔀 N
CAL CERTIFICATION	19a. DATE OF C	OPERATION CAUSE WAS	19b. CONDITION FOR WHICH	OPERATION WAS PERFORMED?		YES 🔀 N
	21a. EXTERNAL UNDERLYING CONTRIBUTIN	OPERATION CAUSE WAS OR CAUSE OF D	21b. TIME OF INJURY HOUR A.M. MONTH DAY P.M. 21c. PLACE OF INJURY (ATH	OPERATION WAS PERFORMED? YEAR 19 JAME, 21f. LOCATION	RED (ENTER NATURE OF INJURY IN ITEM 18 PART) C	YES X N
MEDICAL CERTIFICATION	21a. EXTERNAL UNDERLYING CONTRIBUTIN	OPERATION CAUSE WAS OR CAUSE OF D	21b. TIME OF INJURY HOUR A.M. MONTH DAY EATH P.M.	OPERATION WAS PERFORMED? YEAR 19		YES 🔀 N
	21a. EXTERNAL UNDERLYING CONTRIBUTION 21d. INJURY OF WHILE AT WORK	CAUSE WAS OR GCAUSE OF D CCURRED NOT WHILE AT WORK	21b. TIME OF INJURY HOUR A.M. MONTH DAY P.M. 21c. PLACE OF INJURY (ATH	OPERATION WAS PERFORMED? YEAR 19 DME, 21f. LOCATION STREET	RED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 C CITY OR TOWN	YES X
	21a. EXTERNAL UNDERLYING CONTRIBUTION 21d. INJURY OF WHILE AT WORK	CAUSE WAS OR GCAUSE OF D CCURRED NOT WHILE AT WORK r that I taak charge	21b. TIME OF INJURY HOUR A.M. MONTH DAY P.M. 21e. PLACE OF INJURY (ATHE	OPERATION WAS PERFORMED? YEAR 19 DME, 21f. LOCATION STREET	RED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 C CITY OR TOWN	YES XX N
	21a. EXTERNAL UNDERLYING CONTRIBUTIN 21d. INJURY OF WHILE AT WORK 22a. I certify death resulted	CAUSE WAS OR GCAUSE OF D CCURRED NOT WHILE AT WORK r that I taak charge	21b. TIME OF INJURY HOUR A.M. MONTH DAY P.M. 21e. PLACE OF INJURY (ATHE	OPERATION WAS PERFORMED? YEAR 19 DME, 21f. LOCATION STREET d on Autopsy 21, Inspecti	On . Inquiry ., and in m	YES SS N OR PART 2) COUNTY Dy opinian
	21a. EXTERNAL UNDERLYING CONTRIBUTIN 21d. INJURY OF WHILE AT WORK 22a. I certify	CAUSE WAS OR GCAUSE OF D CCURRED NOT WHILE AT WORK r that I taak charge	21b. TIME OF INJURY HOUR A.M. MONTH DAY P.M. 21e. PLACE OF INJURY (ATHE	YEAR 21c. HOW INJURY OCCURR 19 DME, 21f. LOCATION STREET d an Autopsy X Inspecti	CITY OR TOWN Inquiry \(\bigcup_{\text{or}} \), and in m Undetermined manner \(\bigcup_{\text{or}} \),	YES SS N
	21a. EXTERNAL UNDERLYING CONTRIBUTIN 21d. INJURY OF WHILE AT WORK 22a. I certify death resulted ACTUAL SIGNATURE EXAMINER'S N	CAUSE WAS OR IG CAUSE OF D CCURRED NOT WHILE AT WORK IT that I taak charge	21b. TIME OF INJURY HOUR A.M. MONTH DAY P.M. 21e. PLACE OF INJURY (ATHE	OPERATION WAS PERFORMED? YEAR 19 DME, 21f. LOCATION STREET d an Autapsy X, Inspecti Suicide , Hamicide , TITLE (SPECIFY) M.D. ASSISTAN	CITY OR TOWN Inquiry , and in m Undetermined manner , MEDICAL EXAMINER SK	YES SO N DR PART 2) COUNTY By opinian ATE 3/3/80
MEDICAL	21a. EXTERNAL UNDERLYING CONTRIBUTIN 21d. INJURY OF WHILE AT WORK 22a. I certify death resulted ACTUAL SIGNATURE EXAMINER'S N (TYPE OR PRIN	CAUSE WAS OR IG CAUSE OF D CCURRED NOT WHILE AT WORK I that I taak charge I fram: Nature	21b. TIME OF INJURY HOUR A.M. MONTH DAY P.M. 21e. PLACE OF INJURY (ATHERITAGE) of the remains described abave, held causes Accident ,	OPERATION WAS PERFORMED? YEAR 19 DME, 21f. LOCATION STREET d an Autapsy X, Inspecti Suicide Hamicide TITLE (SPECIFY) M.D. ASSISTAN	CITY OR TOWN Inquiry, and in m Undetermined manner, MEDICAL EXAMINER SK	YES SO N DR PART 2) COUNTY By opinian ATE 3/3/80
MEDICAL	21a. EXTERNAL UNDERLYING CONTRIBUTIN 21d. INJURY OF WHILE ACTUAL SIGNATURE EXAMINER'S NOTYPE OR PRIN	CAUSE WAS OR IG CAUSE OF D CCURRED NOT WHILE AT WORK IT that I taak charge	21b. TIME OF INJURY HOUR A.M. MONTH DAY P.M. 21e. PLACE OF INJURY (ATHE STREET, FACTORY, FARM, ETC.) at the remains described abave, held all causes Accident , Accident ,	OPERATION WAS PERFORMED? YEAR 19 DME, 21f. LOCATION STREET d an Autapsy X, Inspecti Suicide , Hamicide , TITLE (SPECIFY) M.D. ASSISTAN	CITY OR TOWN On, Inquiry, and in m Undetermined manner, MEDICAL EXAMINER SK 111 Penn S	YES TO NOR PART 2) COUNTY Dy opinion ATE 3/3/80

10.12 A SECTION OF THE SECTION OF a a second The second of th

volo melala. wood and the second of the sec A The State of the Allers dollar moral are the catherine . Single 2.9 L. WXD Junes L. Marco Same Direct 3/10/00 Location such account to the contract of the co Buryas remarks one joyl relies new sales for seem forest served

		308100		
		2607-10-		
	ARONI CIA			UNICTED
CADILLEAS				
	Market 1275			
1 2 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	PERSONAL PROPERTY.			Militar
				29101
He re				
LINGS TO THE	di acel albus	CAMMADELL	STEA-50-758	

and the state of the state of the state of



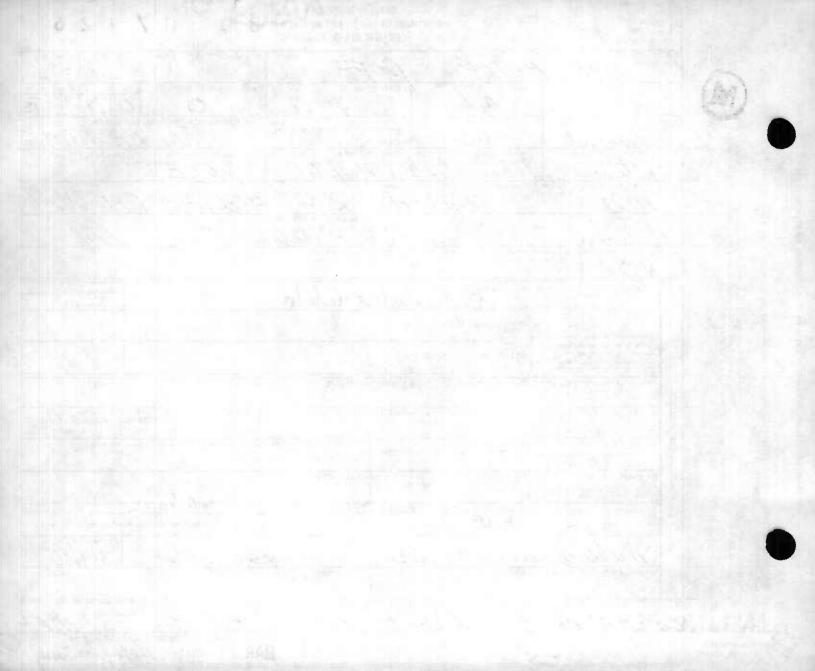
Outside St. D. S. Bearing state of the said and and The said from the said of the said of the The state of the s the laws of more and plant to an interpretation of the second of the sec 大学 一大学 からで 作品になった コンドラー・アンドラー・アンド アンディー アンディー freeze Comment CRE & MICH THE - AND COLOR STREET OF STREET

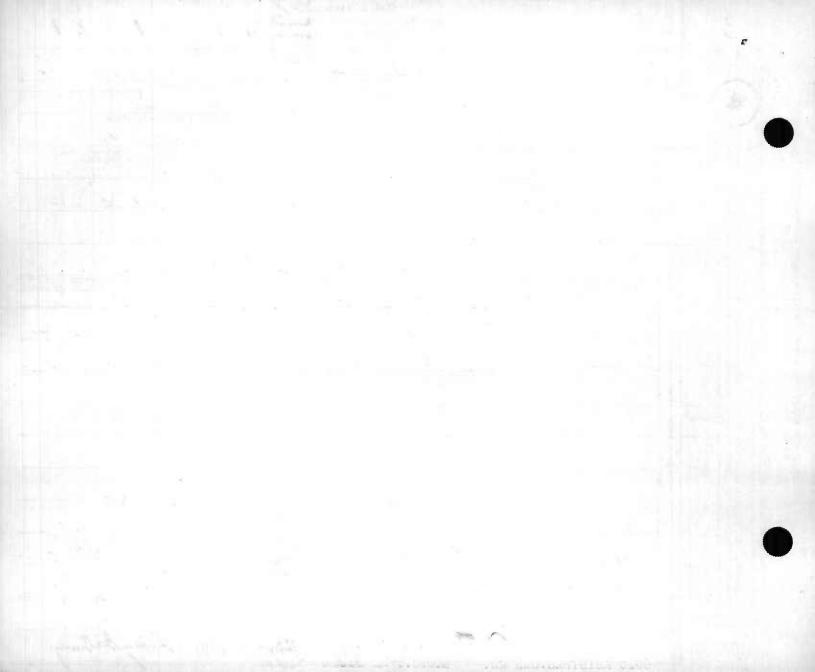
X II	- STATE	8 & 22a		PARTMENT OF HE		NTAL HYGIE		7 0 2	2 4
1. 0	REGISTRAR DECEASED NA TYPE OR PRINT)	ME FIRST	MI	DDIE TO	LAST		20. DATE KNOWN COF ESTI- DEATH MATED	AONTH DAY	
3. S	male	1. RACE black	DREWERY 5. DATE OF BIRTH MONTH DAY 11 5	E . 6. AGE (IN YEARS LAST BIRTHDAY) 67 YRS.	PLEASAN IF UNDER 1 YR. MONTHS DAYS	T SR. IF UNDER 24 HRS HOURS MIN.		3 15	180 A Y YEAR 2d HOUR 8:85
7a	BIRTHPLACE FOREIGN COUNTR	(STATE OR	76. CITIZEN OF WHAT	COUNTRY?	MARRIED NEV	ER MARRIED DIVORCED	Baltimore	OR COUNTY OF	DEATH ALL
0	Baltim	ore	11. NAME OF HOSPITA (IF NOT IN SUCH FACILITY 1922 Oak	AL, NURSING HOME, C y, Give street address) Hill Avent		ION 17a. U	SUAL OCCUPATION (TYPE R MOST OF WORKING LIFE)	PE OF WORK 12h. K	(IND OF BUSINESS OR INDUSTRY
130	STATE	13b. COUN	OR OTHER INSTITUTION, GIVE RE	sidence Before Admission) a. CITY OR TOWN Baltimore	13d INSIDE CIT	NO [] 1	reet address 922 Oakhi	ll Ave	nue
20	FATHER'S NA/ FIRST		WIDDLE	LAST	FIR	R'S MAIDEN NAM	WIDDLE		LAST
1 160	, WAS DECEAS (YES, NO, OR UNK	SED EVER IN U.S. ARI NOWN) (IF YES, GIVE	WED FORCES? WAR OR DATES)	66. SOCIAL SECURITY N	O. 17. INFORM	ANT	ADDRESS	5	
,	Conditions of the second of th	DEATH WAS CAUSEI IMMEDIA' ions, if ony, which rise to immediate a) stating the <u>under</u> ouse lost.	DUE TO, OR AS	A CONSEQUENCE OF			ar disease		TWEEN ONSET AND DEATH
CERTIFICATION	19a. DATE (OF OPERATION	19b. CONDITION	N FOR WHICH OPERATI	ON WAS PERFORM	AED?		20.	AUTOPSY?
		NAL CAUSE WAS		JURY ONTH DAY YEAR	21c. HOW INJURY (OCCURRED (ENTE	R NATURE OF INJURY IN ITEM 18	PART 1 OR PART 2)	100
MEDICAL	21d. INJURY WHILE AT WORK	OCCURRED NOT WHILE AT WORK	21e. PLACE OF 11 STREET, FACTORY,		If. LOCATION STREET		CITY OR TOWN	COUNTY	STATE
2	ACTUAL SIGNATUR EXAMINER	E NAME ME	ets Meg	rident , Suicid	M.D. Ass	ecify) sistant ^{ME}	Inquiry , or etermined monner	DATE	3-15-80
Z 730	BURIAL, CREM	ation,REMOVAL 2	3b. DATE 3/21/80	23c. NAME OF CEMEN	ERY OR CREMATO	RY 123d. I	OCATION Baltimor	e Co.	MD TE
24.	WM C.	March 1	F/H 11701	E. North	Ave.		BY REGISTRAR 256 REG	And the second second second second second	Busy

THE RESERVE TO SECURITION AND ADDRESS.	
	10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	기계가는 세계 하다가 나는 하는데, 하는데 하는 그리게 하는데 하네네네 수입해.
	the second secon
MALE SEATER SEATER	

	16			STATE OF MARYLAND			
15	1.	FOR - STATE REGISTRAR	DEPAR	TMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE ()	0702	2 5
	I. DE	CEASED NAME FIRST	MIDDLE	LAST		AONTH DAY YEAR	26. HOUR
nay be page 3 r death		AMELIA		PLOTCZYK	MARCH 20	1980	1225A
may f, pai	3 SE	×/	4 RACE	S DATE OF BIRTH	& AGE (IN YEARS LAST BIRTH	DAY) IF UNDER 1 YEAR	
rector, rs after	13	FEMALE	WHITE	2 8-19a	3 57	YRS.	HOURS MAN
th. P		IRTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED	9 BALTIMORE CITY OF	COUNTY OF DEATH	
funer in 72	1	MARYLHRYC	115.H	WIDOWED DIVORCED			М
hours after in by the ful filed within	10 C	BAHTO	JOHNS HOPKI	ING HOME OR OTHER INSTITUTION	TYPE OF WORK FOR MOST OF		OF BUSINESS OF
within 24 ho tely filled in should be fill examiner mu	USU 13e	AL RESIDENCE (IF NURSING HOME OR STATE	OTHER INSTITUTION, GIVE RESIDENCE BEFOR		13e STREET ADDRESS	Danie	16 00
ithin ly fill ly fill lould	IA E	ATHER'S NAME	Offh	YES NO 15 MOTHER'S MAIDEN N	0016	POICT UST	7001
counted w			MIDDLE CZYPW	A PRST NAKE	MIDDLE	1.	AST
		WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SEC	URITY NO 17 INFORMANT	ADDRES	5 ,22/6	
e be ex an and Pages t, the r		NO:	31800	1:343 BERNAR	O PLOTEZI	AS. FOR	TIGAL
ficat ysicie pers. oval.		IS CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	ly one cause per line for (o), (b), o	and (c).	/	APPRO BETWEEN	NUMBER INTERVAL
ng ph on pa r rem natic			ECAUSE 10) -11101	r tailure		L.	reks
eath ndin arbo , or 'aum		1539	DUE TO, OR AS A CONSEO	UENCE OF			
he date ove control ation		Conditions, if ony, which	(16) Carcu	rema of Colon			
the the emo		gave rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEO	UENCE OF			
quires the		underlying couse lost	(c)				
requires that signed by the en please rem to burial, crer (injury, or or	7	PART 2 OTHER SIGNIFICANT C	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR COND	ITION GIVEN IN PART 1	101
is been nit. The prior to ws any	CERTIFICATION				Land International Control		
2 2 2 2 7	5	190 DATE OF OPERATION	THE CONDITION FOR WHIC	H OPERATION WAS PERFORMED	20e AUTOPSY?	206 IF YES, WERE FIND IN CERTIFYING CAUSE	S OF DEATH?
a e de s	1 2	21a. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	121. HOW BUILDY OCCU	YES NO	YES 🗌	NO 🗆
StCIAN hysician certifica certifica transit ntal Hyg		OR CONTRIBUTING CAUSE OF DEA		DAY YEAR	RRED (ENTER NATURE OF INJURY	IN ITEM 18, PART 1 OR PART 2)	
ph p	₫	(IF EITHER, NOTIFY MEDICAL EXAMINER)		19			500
	MEDICAL	21d. INJURY OCCURRED	214 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	(FARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
Ot A SEE		AT WORK AT WORK		710	13/2 / 6		
TEN TOR TOR Heal Heal			tol) oftended the deceased from	1711	10 3/2018	19	., that (1) (we) to
Pital pital pital for for em '	13		t) view the body ofter death.	, and that in (my) (our) opinion	n death occurred on the da		
AL OR AT the hospital AL DIRECT tached for te Dept. of T: If Item 2		226 SIGNATURE	0 1	DEGREE ATTENDING	. MEDICAL STAFI		ESIGNED
RAL Setace tate		Kolver 1	Vien	PHYSICIAN PHYSICIAN	DIRECTOR PHYSICI	AN 🗌	1 2018
HOSP ined by Lined by Lined by Lined by Lines by the S ORTA		224 PHYSICIAN'S NAME (TYPE OF	R PRINT)	22e ADDRESS	11.11.	1100	
TO HOSPITAL retained by the TO FUNERAL should be detact with the State D IMPORTANT:		Kubent	MICH	UGH	ins Applan	7 407	
H E H E S E	23a.	BURIAL, CREMATION, REMOYAL	23b. DATE 23c	NAME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OF TOWN	2 COUNTY	STATE
BP	-	BURIAL	13-22-805	ACREO HEART	BANTO	7	M
DHMH-16 25M	24. F	UNERAL DIRECTOR	ADDRESS	401 S 250. DA	ATE REC'D. BY REGISTRAR 2	Sh. RESISTEAR'S SHOULD	Privade
(VRA 15, 4) 1/79	2	7/11/11/11/11/E	DER YSON	2 Chaster M	AR 2 1 1980	bulled in	7

WAR 2 = 1380 = A-4





3	1	FOR STATE REGISTRAR	DEPART	MENT OF H	E OF MARYLAND BEALTH AND MENTAL HYG ICATE OF DEATH	IENS ()	0 7	0	2 8
9 E		ECEASED NAME FIRST E OR PRINT) NOTE	MIDDLE		ollitt	20. DATE OF DEATH		YEAR	26. HOUR
may be page 3 or death	3 SI		Virginia A RACE	5 DATE O		March 2,		UNDER 1 YEAR	# UNOER 24 HR
director, pours after at once.		Female	White		ber 31, 1884	95		NTHS OAYS	HOURS MIN
Jean 72 h		SIRTHPLACE (STATE OR FOREIGN COUNTRY) Vestminster, Md.	76 CITIZEN OF WHAT COUNTRY? USA	MARRIE WIDOWI	D NEVER MARRIED	Balti Balti	more Ci		
urs afte ed with		Baltimore	11. NAME OF HOSPITAL, NURSII (IF HOT IN SUCH FACILITY, GIVE STREET 3838 ROLand	NG HOME C		12a USUAL OCCUPATE (TYPE OF WORK FOR MOST OF Housewif	OF WORKING LIFE)	126 KIND C	OF BUSINESS
y filled in ould be fill	UŠU 13e	JAL RESIDENCE (IF NURSING HOME OF STATE 136 COUR	NOTHER INSTITUTION, GIVE RESIDENCE BEFOR NTY 130. CITY OR TOV Baltimo		134. INSIDE CITY LIMITS?	3838 Rol	and Ave		
ted wind 2 sh	14. F	ATHER'S NAME Eli	H. Snyden		15. MOTHER'S MAIDEN NAME FIRST Emma	J. MIDDLE		LAS	JT.
an and com Pages 1 an		WAS DECEASED EVER IN U.S. AR IYES, NOOR UNKNOWN) (IF YES, GIV NO	the forces? 166 SOCIAL SECT E WAR OR DATES) 216-46-7		Mr. Frank W.	Pollitt	Balto.		MATE INTERVAL ONSET AND DEAT
uires that the death certitioned by the attending phyplease remove carbon papurial, cremation, or remitury, or other traumatic		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUE DUE TO, OR AS A CONSEQUE DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO	ENCE OF	NOVERENTED TO THE TERM	/, Dis	INTON GIVE		
IN: The law requir	CERTIFICATION	19a DATE OF OPERATION)% CONDITION FOR WHICH			200 AUTOPSY? YES NO	20b. IF YES, V IN CERTIFY IF	VERE FINDING CAUSES	NGS USED
VSICIA nysicia certifia trans ntal Hy Item	-	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH D	AY YEAR	21c HOW INJURY OCCURR	RED (ENTER NATURE OF INJUI	RY IN ITEM 18, PART	I OR PART 2)	11-1/2
tending pl tending pl After this the burial the and Mer hand Mer	MEDICAL	2) d. INJURY OCCURRED WHILE NOT WHILE AT WORK	ZIE PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,		211 LOCATION STREET	CITY OR TOV	wn	COUNTY	STATE
TO HOSPITAL OR ATTEND retained by the hospital or att. TO FUNERAL DIRECTOR: A should be detached for use as with the State Dept. of Health IMPORTANT: If Item 21 is m		22s I certify that (I) (this bespi	it) view the body after death.	<u>2</u> , ar	nd that in (my) (aur) opinion of DEGREE ATTENDING	death accurred on the displacement of the disp	ate and haur a	-	
TO HOSE TO FUNITION Shouldbe with the continue of the continue		BURIAL CREMATION, REMOVAL	23b DATE 23c.	NAME OF C	EMETERY OF CREMATORY Ridge Cemeter	23d LOCATION CITY OF TOWN Pikes	ville	утинс БМ	STATE
DHMH-16 25M (VRA 15, 4) 1/79	24 F	uneral director	me Reisterstown		25a DATE	REC'D. BY REGISTRAR	25b. REGISTRA	R'S SIGNAT	Cready

2,12,1	(dd:[[o]	winter!	. 0	
		4037 , 10 1150	90 man		
***	1.00				
	dimensi		. m bowfoff a		promità L'all
	toli belle				.61
			Categoli	.16	155
	** : 0	. Smeri . to	65-5-1-0ES		oll
				*	

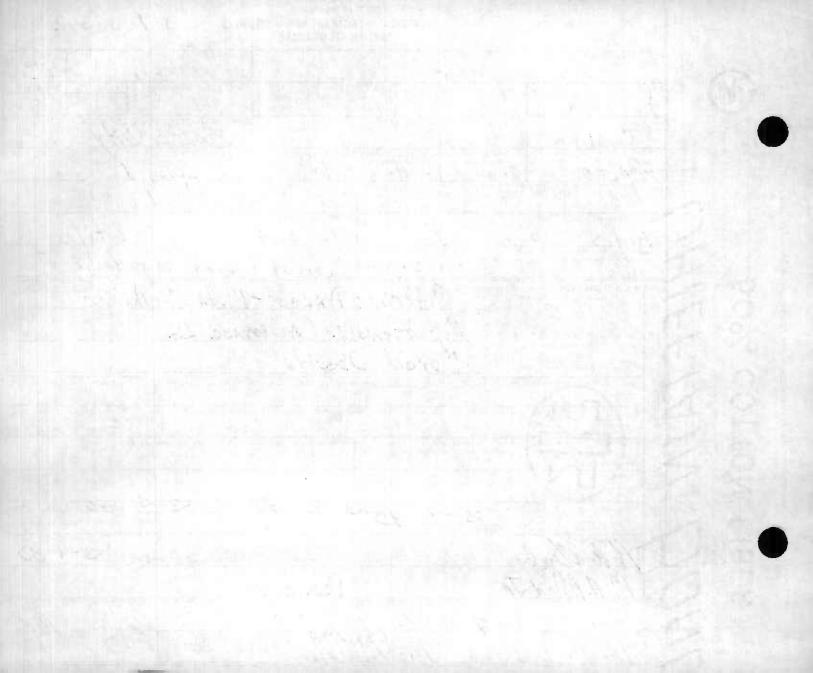
eryland laledmorphymedall: www. Inchestin Doed, ordin Committee and the second of th Branch Lawr Carreton Balancar Maryland

/	1					OF MARYLAND					
5	1	FOR STATE REGISTRAR		DEPART		EALTH AND MENTAL		REG. N	10.	7 0	30
		CEASED NAME FIRST		MIDDLE	L	AST	20	DATE OF DEATH	MONTH DA	Y YEAR	2h. HOUR
nay be page 3 r death		RUTH	H		PC	RTER			3 28	80	10:58Am
may pager de	3. SE	X	4 RACE		S. DATE C			AGE (IN YEARS LAST BIR		UNDER I YEAR	IF UNDER 24 HRS
age 4		T-emale	131	ACK_	MONTH	444	100	70	YRS.	NTHS DAYS	HOURS MIN
	7e. B	RTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN C	F WHAT COUNTRY	2 1			BALTIMORE CITY		OF DEATH	
funeral	2	isternice	1	V5 A	WIDOWE	D NEVER MARRIED		Balto	City	1	MD
5 95 0	10. C	ITY OR TOWN OF DEATH	II. NAME O	F HOSPITAL, NURSI	NG HOME C	R OTHER INSTITUTION	N 12	USUAL OCCUPAT			OF BUSINESS OR
by the ed with		Ra 140		CY HOSE T			12	19488W	I E E	INDUSTRY	
g c= 2	USU	AL RESIDENCE (IF NURSING HOME OF	OR OTHER INSTITUTE	ON, GIVE RESIDENCE BEFOR	RE ADMISSION)	and the same					
in 24 lilled in 14 be	1130	MA 136 COL	INIT	13c CITY OR TOV	VN	YES X NO		STREET ADDRESS	ntwo	and 1	PLA
within 2	14. 7.	ATHER'S NAME				15. MOTHER'S MAIDE		Z I DIE	11 000	021	-116
Dog Z Z Z Z Z Z		De FIRST	MIDDLE	Tip lol	e	MAYE		MIDDLE	0	LA	ST
con con 1 ar	Ióa Y	WAS DECEASED EVER IN U.S. A	RMED FORCES	? 166 SOCIAL SEC	URITY NO.	17 INFORMANT	-	ADDR	ESS	-	
be ey ages		YES, NO OR UNKNOWN) (IF YES, GE	VE WAR OR DATES)			Marila		1120	Bre	and in 1	mand Av
e FG 7,	-					TIATY Na	MIP	1 1189	1230	APPROX	MATE INTERVAL
tificat hysici apers. noval. c even		PART I. DEATH WAS CAUS	inly one couse p ED BY:	per line for (a), (b), a	nd ICS	11.	1-			BETWEEN	ONSET AND DEATH
ng pl on p		2 500 IMMEDIA	TE CAUSE (a)	ryguar	may	engare	Van			-	
endi carb on, o			DUE TO	OR AS A CONSEQU	ENCE OF	1.11.1				1 9 9	
the att	10	Conditions, if any, which gove rise to immediate	(6),	Udyan	us.	James -				-	
that by the e rem , cren		cause (a), stating the underlying cause last	DUE TO.	OR AS A CONSEQU	ENCE OF						
T W			(c)_								
requires i signed en pleas to buría / injury,	z	PART 2 OTHER SIGNIFICANT	CONDITIONS	CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE	TERMINA	. 1	4	V IN PART 1	01
an an ar	CERTIFICATION	Myrrkal	(m)	Harte	7	hrain 1	Kerr	1 pa			
The last been been bringer bringshows	5	190 DATE OF OPERATION	196 CON	IDITION FOR WHICH	OPERATIO	N WAS PERFORMED		200 AUTOPSY?		WERE FINDI	NGS USED S OF DEATH?
Z : 0 0	Ē							YES NOC	YES		но 🗆
PHYSICIAN ng physician. this certificat unial-transit p Mental Hygis dor Item 18		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		OF INJURY A.M. MONTH D	AY YEAR	21c HOW INJURY OF	CCURRED	(ENTER NATURE OF INJL	RY IN ITEM 18, PAR	T I OR PART 2)	
PHYSIC ng physic this certi urial-tran Mental I don't ten	3	(IF EITHER, NOTIFY MEDICAL EXAMINE	4)	P.M.	19		4				
NG PHY anding ph fter this c he burial and Men arked or	MEDICAL	214. INJURY OCCURRED	21a PLAC	E OF INJURY STREET, FACTORY, OFFICE,	FARM. ETC.)	21f LOCATION STREET		CITY OR TO	wN	COUNTY	STATE
ENDING Por attending PR: After the as the buselth and his marked	1	AT WORK AT WORK						,			
N B B B Si		270 1 certify that (1) (this hosp	oital) attended	the deceased from.	3/	10 , 19_	80	, to	£	00	that (I) (we) Post
ATTA Dital		saw the deceased alive a above, (I) (well (did) (did)	ot) view the box	dy after death	, or	id that in (my Qurl op	pinion deal	th occurred on the d	ate and hour	and from the	causes stated
AL OR ATTE the hospital or AL DIRECTO tached for use te Dept. of He T: If Item 21		226. SIGNATURE	11	1 1		DEGREE				224 DATE	SIGNED
- a 10		(While	14 1	unes	M	ATTENDI PHYSICI	ING A	AEDICAL STA		3/2	8/80
SPIT SPIT SPIT SPIT SPIT SPIT SPIT SPIT		224 PHYSICIAN'S NAME (TYPE	OR MRINT)			220 ADDRESS					0/0
TO HOSPITAL retained by the TO FUNERAL should be detect with the State [S57 R54.	1			19940	1 1	4USPET	ALI	BK	17
TO FI shoul with	23p	BURIAL, CREMATION, REMOVA	L 236, DATE	1 234	NAME OF C	EMETERY OR CREMAT	/	23d. LOCATION	1 - /		
-1/ BP		SPECIFY	4/2	180 A	whet	40 6	ark	- GIY ONTOWN	W 5	OUNTY	MALI
- Or	24 F	UNERAL DIRECTOR	1/2/	177	10011			C'D. BY REGISTRAR		AR'S SIC VIA	I E LA
DHMH-16 25M (VRA 15, 4) 1/79	0	LES HOW	12/1/1	4 3/200 SSS	Schro	eder ST	MAR	3 1 1980	Frey	Jul 1	Drusy

France 1 - 1 - 1 - 1 - 14 - 1440 724 Existing 7:7 of Total City X 1125 From Francisco Contract Pennis Eight Mazz ber Mary Longer - 1144 Broms dead The state of the s

William Panel Burnet 3/26/80 Telephone Chaple - Carnette Co Mich Schatzman Flor 1/21 MC Callab F

1		1	FOR	DEF		OF MARYLAND EALTH AND MENTAL H	villene () ()	7 0 7	
1		1.	STATE REGISTRAR	DEF	CERTIFI	CATE OF DEATH	REG. N) U G	4
10	*		CEASED NAME PIRST	MIDDLE	Po	well	2 DATE OF DEATH	ACHTH DAY YEAR	P 26 HOURS
(N	9	154	amale	Nearo	S DATE O	F BIRTH YEAR YEAR	B'AGE INVESTIGATION		EAR IF UNDER 24 HRS AYS HOURS MIN
O #	100 100		IRTHPLACE ISTATE OR FOREIGN	CITIZEN OF WHAT COUN	MARRIED WIDOWEI	NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DEATH	MD.
offer o	1 3	10 C	BAL+O.	11. NAME OF HOSPITAL, N FILMOT IN SUCH FACILITY, GIVE FOUL DEAT	URSING HOME O		120 USUAL OCCUPATI (TYPE OF WORK FOR MOST O	ON 1726. KIN DWORKING LIFE) INDUST	D OF BUSINESS OR
ND 212	1	USU 13a.	ALLESIDENCE (IF NURSING HOME OR	THER INSTITUTION GIVE RESIDENC	E BEFORE ADMISSION)	13d INSIDE CITY LIMITS?	. /	slie St.	
AARYLA d within	307	14 E/	11 11 11 11 11 11 11 11 11 11 11 11 11	AIDDLE AN	We	Margare		Litt	1/2
MORE, A	Foges 1	6a \	WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL	SECURITY NO. 34-3341	17 (NEORMANT)	Owens 1	532 Lesli	e St.
8ALTI	physician popert naval ent, the		18 CAUSE OF DEATH (Enter on PART). DEATH WAS CAUSED	y one couse per line for) , (Λ . /	- Matchal	ic Acid Sign	PROXIMATE INTERVAL EEN ONSET AND DEATH
STON ST	e carbon e carbon m, er ren		2780	DUE TO, OR ASA SON	,	0 0	ioyasc. Ds.	277-37-00	
W. PRES	by the of the removal Comments other tras		Conditions, if ony, which gove rise to immediate cause 101, stating the underlying cause lost	DUE TO, OR AND CON		bosity	- 1710 C. C.S.		
DS, 20	Come to be t	NO.	PART 2. OTHER SIGNIFICANT C			NOT RELATED TO THE TE	RMINAL DISEASE OR CON	DITION GIVEN IN PART	T 110
A RECOR	by derived the beautiful of the beautifu	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR V	VHICH OPERATION	WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FIN IN CERTIFYING CAUS	NDINGS USED ISES OF DEATH?
OF VITA	of hone of hone and Hyg and 18 sh	CAL CER	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	21b. TIME OF INJURY HOUR A.M. MONTE	H DAY YEAR	21c. HOW INJURY OCC	URRED (ENTER NATURE OF INJUI	Y IN ITEM 18, PART 1 OR PART	2)
NO PHYSIAN	the bur and Me ked or it	MEDIC	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, C		21f. LOCATION STREET	CITY OR TOV	VN COUNTY	STATE
TENDIN	TOR At for use as at Health 21 is mor		22a.t certify that (1) (this hospit sow the deceased alive on above, (1) (we) (did) (did not	The same of the sa	11/1	3 -4 , 19 <i>6</i> d that in (my) (our) apinio	on death occurred on the de	-4 19 <i>80</i> ote and hour and from	the couses stoted
ALOR A	etoched re Dept if New	1	22h Sugarture	i view the body offer death.	C	EGREE ATTENDING PHYSICIAN		F - 2	ATE SIGNED
	to FUNERA thould be di with the Stra MPORTANT	1	M. A. Alled	The		Provide A	. /.		
21	2413-	23e.	TOUVIOL	3 /p/80	23c. NAME OF CE	METERY OR CHEMATOR		B. 95	· mil
DHAH- 16	TOTAL CONTRACTOR	2 F	UNERAL DIRECTOR	ADDRI	55 659	250 D	ATE REC'D. BY REGISTRAR	THE PERSONS NOW	and the state of



DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME Powell 29 DATE OF DEATH Stella MONTH 25 HOUR (TYPE OR PRINT) 40 3 SEX 4 RACE 6. AGE JIN YEARS LAST BIRTHDAY 5 DATE OF BIRTH F UNDER 1 YEAR E UNDER 24 MRS MONTH HOURS Female white March 31, 1898 To BIRTHPLACE ISTATE OR FOREIGN 75 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Kentucky USA Baltimore City WIDOWED X DIVORCED | 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY GIVE STREET ADDRESS)

altimore City Hospitals (TYPE OF WORK FOR MOST OF WORKING LIFE)
Housewife Home Home Baltimore DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ISUAL RESIDENCE (IF NURSING HOM OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Maryland Baltimore Essex 21221 1229 Bayside Road 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Dulcina Jim Ratliff UNKNOWN In WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT 3500 Clayton Road Joppa, Maryland 21085 (YES, NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) Orben Powell, Son No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH Enter only one cause per line for (a), (b) and (c) PART I. DEATH WAS CAUSED BY. DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which roan gave rise to immediate cause lat. stating the DUE TO OR AS A CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION a 116 19a DATE OF OPERATION 20b. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOF YES T NO [sho 210. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) burial-trans Mental Hyo 716. TIME OF INJURY 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 21d INJURY OCCURRED 21f. LOCATION 21e. PLACE OF INJURY ā AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE WHILE AT WORK AT WORK 220 I certify that (1) (this haspital) attended the deceased fram saw the deceased at and that in (my opinion death occurred an the date and haur and from the causes stated abave, (1) (we) (did) (did nat) view the bady after death 22b. SIGNATURE DEGREE nould be detach ā * ATTENDING MEDICAL STAFF with the State DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME 22e ADDRES 23¢ NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION, REMOVAL 236 DATE (SPECIFY) Burial Rowe Cemetery Rockridge, West Virginia 250, DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE DHMH - 16 60M 1/75 1407 Old Eastern AVMAR Tistay Mc Cready (VRA 15(4)) Funeral Home PA

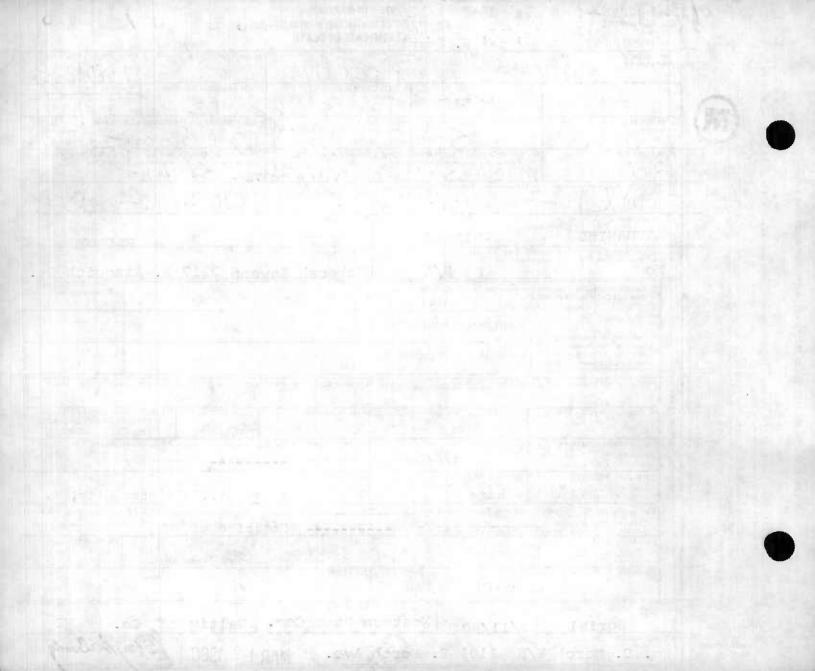
The second section of the second section is a second section of the second section in the second section is a second section of the second section in the second section is a second section of the second section in the second section is a second section of the second section in the second section is a second section of the second section in the second section is a second section of the second section in the second section is a second section of the second section in the second section is a second section of the The state of the s tion next to the most beiningth them as business

REGISTARY I. DECEASED NAME ITTUE CREATING WILLIAM WILLIAM WILLIAM WILLIAM WILLIAM WILLIAM WILLIAM WILLIAM WILLIAM I. SEX BLACE B	1		OR TATE .		DEPARTMENT OF HEA			034
U.S. STATE				. ME			REG. NO.	9 0 1
SEX SACE S			OR BRIDIT)	iii 11 i am	WIDDLE		OF ESTI-	
male black 9 23 1919 Marine DAY MORED DAY MARINED	_							
The Birthelace State The County The County The County of Pearly The County of Pearly of Pearly The County of Pearly The C				MONTH DAY	YEAR LAST BIRTHDAY) N		MIN. PRONOUNCED	12
NOTH CAPOLITA USA	L.			9 25	1.01			
Baltimore In Name of Hospital, INIRSING HOME OR OTHER INSTITUTION 17st USUAL OCCUPATION (THE OF WORK IN 18th CAP) 17st Sign More of Mor	100	FOR	EIGN COUNTRY)		. M.			
Baltimore Page Decirio Street Disable Disable	10	CIT	North Caro	lina US	711			
138. STARES 138. COUNTY 138. STREET ADDRESS 138. STREET AD				(IF NOT IN SUCH F	ACILITY GIVE STREET ADDRESS)	STITER INSTITUTION	FOR MOST OF WORKING LIFE)	OR INDUSTRY
136 CTY OR TOWN 136 CTY OR TOWN 136 MISSE CTY MISS! 138 STREET ADDRESS 136 MISSE CTY MISS! 138 STREET ADDRESS 136 MISSE CTY MISS! 136 MISSE CTY MISSE	LIS						Disable	
IL FATHER'S NAME RATIO R	130	a. ST	AMd 136.0		13c. CITY OR TOWN			ma a t
RAILEY MODE LAST POWELL AND PROCESS POWELL SAME PROCESS IN SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (**???*) 18. WAS DECEASED EVER IN U.S. ARMED FORCESS INS. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (**???*) 18. CAUSE OF DEATH (Enter only one course per line for (a), (b), and (c), b) and (c). PRATI DEATH WAS CAUSED BY: Arteriosclerotic cardiovascular disease MMEDIATE CAUSE (a)	114	LEA	THER'S NAME		I Baito.			reet
166. WAS DECEASED EVER INLU.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS 11. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY Arteriosclerotic cardiovascular disease Arteriosclerotic cardiovascular d	1,	A	FIRST	MIDDLE		FIRST	MIDDLE	LAST
The contribution of the significant conditions of the second point of the significant conditions of the significant conditio	16	a W		S APMED FORCES?			ADDRESS	1111
II. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: Arteriosclerotic cardiovascular disease	100	(YE	, NO, OR UNKNOWN) (IF YE	S. GIVE WAR OR DATES)				
PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Governing the underlyging couse lost. (b) DUE TO, OR AS A CONSEQUENCE OF (c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN PART 1 (a). PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION OF THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION OF THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION OF THE TERMINAL DISEASE OR CONDITIONS GIVEN IN PART 1 (a). PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION OF THE TERMINAL DISEASE OR CONDITIONS GIVEN IN PART 1 (a). PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION OF THE TERMINAL DISEASE OR CONDITIONS GIVEN IN PART 1 (a). PART 2 OTHER SIGNIFICANT ON THE TERMINAL DISEASE OR CONDITIONS GIVEN IN PART 1 (a). PART 2 OTHER SIGNIFICANT ON THE TERMINAL DISEASE OR CONDITIONS GIVEN IN PART 1 (a). PART 2 OTHER SIGNIFICANT ON THE TERMINAL DISEASE OR CONDITIONS GIVEN IN PART 1 (a). PART 2 OTHER SIGNIFICANT	H	_				81 Mildred	Powell 2611 P	
Conditions, if any, which gove rise to immediate couse (a) statisting the under-lying cause lost. (b)						o andi ova sovi	lar disease	APPROXIMATE INTERV BETWEEN ONSET AND DI
Conditions, if ony, which gove rise to immediate couse (a) stoting the under- lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GRAIM BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GRAIM BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GRAIM BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GRAIM BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GRAIM BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GRAIM BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GRAIM BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GRAIM BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GRAIM BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). PART 2 OTHER SIGNIFICANT CONTRIBUTING TO GRAIM BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). PART 2 OTHER SIGNIFICANT CONTRIBUTING TO GRAIM BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). PART 2 OTHER SIGNIFICANT CONTRIBUTION GOVERN THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). PART 2 OTHER SIGNIFICANT CONTRIBUTION SCHOOL THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). PART 2 OTHER SIGNIFICANT CONTRIBUTION GOVERN THE TERMINAL DISEASE OR CONDITION GOVERN THE TERMINAL DI			IAM	EDIATE CAUSE (a)		. Calulovascu.	tat disease	
GOVER 7 IS 10 IMMEDIATE CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IB. PART 7 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IB. PART 7 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IB. PART 7 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IB. PART 7 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IB. PART 7 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IB. PART 7 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IB. PART 7 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IB. PART 7 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IB. PART 7 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IB. PART 7 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS GIVEN IN PART 1 IB. PART 7 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IB. PART 7 OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTION TO THE TERMINAL DISEASE OR CONDITIONS CONTRIBUTION TO THE TERMINAL DIS	ı		Conditions if any		R AS A CONSEQUENCE OF			
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). 196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 216. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH POWN. MONTH DAY YEAR 19 CONTRIBUTING CAUSE OF DEATH P.M. 19 216. INJURY OCCURRED STREET CITY OR TOWN COUNTY 276. I certify that 1 took charge of the remains described obave, held on death resulted from: Natural causes XX Accident , Suicide Homicide Undetermined monner M. ASSISTANT MEDICAL EXAMINER SIGNED 3/14. 276. BURIAL CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. IOCATION CITY OR TOWN COUNTY ST BUT 1 3 - 20 - 80 Sheltonham Veterans Sheltonham Veterans 25v. Registrars 25v. Resistrars 25			gove rise to imme	diate (b)				
196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 210. AUTOPSYSTEES 210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING OR CONTRIBUTION OR CONTR				DUE TO, OF	R AS A CONSEQUENCE OF			
19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 210. AUTOPSYTY YES 210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTION OF INJURY HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTION OF INJURY (AT HOME. AT WORK ASSISTANT MEDICAL EXAMINER SIGNED 3/14, EXAMINER'S NAME (TYPE OR PRINT) Hormez R.Guard, M.D. ADDRESS 111 Penn Street, Balto., MD 2120. 13a. BURIAL. CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY COUNTY STEELS AND ATTERNATION OF THE PRINT OR PART 1 OR PART 2 OR PRINT OR PART 2 OR PRINT OR PART 3 O	ŀ			(c)				
UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 19 21d. INJURY OCCURRED WHILE AT WORK AT WORK 220. I certify that I took charge of the remains described above, held on death resulted from: Natural causes XX Accident , Suicide , Homicide , Undetermined monner , ACTUAL LIE (SPECIFY) SIGNATURE EXAMINER'S NAME HOrmez R.Guard, M.D. ADDRESS 111 Penn Street, Balto., MD 2120; 230. BURIAL, CREMATION, REMOVAL 23b. DATE (1900) 230. BURIAL, CREMATION, REMOVAL 23b. DATE (1900) BURIAL CREMATION, REMOVAL 23b. DATE (1900) 3-20-80 Sheltonham Veterans Sheltonham Md 24. FUNERAL DIRECTOR	١,		PART 2 OTHER SIGNIFICANT CONO	ITIONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERMINAL O	SEASE OR CONDITION GIVEN IN PART	1 (a).	
UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 19 P.M. 19 ON CONTRIBUTING CAUSE OF DEATH OR P.M. 19 ON THE CONTRIBUTING CAUSE OF DEATH OR P.M. 19 ON THE CONTRIBUTING CAUSE OF DEATH OR P.M. 19 ON THE COUNTY C	- 3	<u> </u>	184 DATE OF OBERATION	Int. COND	TION FOR WHICH OPERATIO	LIVIA C BERTORUEDA		Tee
UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 19 216. INJURY OCCURRED WHILE AT WORK NOW WHILE AT WORK 226. I certify that I took charge of the remains described above, held an death resulted from: Notwood causes XX Accident Now, Sire of the remains described above, held an death resulted from: Notwood causes XX Accident Now, Sire of the remains described above, held an death resulted from: Notwood causes XX Accident Now, Sire of the remains described above, held an death resulted from: Notwood causes XX Accident Now, Sire of the remains described above, held an death resulted from: Notwood causes XX Accident Now, Sire of the remains described above, held an death resulted from: Notwood causes XX Inquiry Now, and in my apinion Intile (SPECIFY) ACTUAL EXAMINER'S NAME Hormez R. Guard, M.D. ADDRESS 111 Penn Street, Balto., MD 2120; 236. BURIAL CREMATION, REMOVAL 236. DATE SIGNED Sheltonham Veterans Sheltonham COUNTY ST. ACTUAL SIGNED STREET, FACTORY, FARM, ETC.) ACTUAL ACCIDENT NAME OF CEMETERY OR CREMATORY COUNTY ST. COUNTY ST. COUNTY ST. COUNTY ST. COUNTY ST. ACTUAL ACCIDENT NAME OF CEMETERY OR CREMATORY COUNTY ST. COUNT	1 3	5	176. DATE OF OPERATION	198 COND	IIION FOR WHICH OPERATIO	N WAS PERFORMED?		
UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 19 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 27d. I certify that I took charge of the remains described above, held on death resulted from: Notificity of the I took charge of the remains described above, held on death resulted from: Notificity of I took charge of the remains described above, held on death resulted from: Notificity of I took charge of the remains described above, held on death resulted from: Notificity of I took charge of the remains described above, held on death resulted from: Notificity of I took charge of the remains described above, held on death resulted from: Notificity of I took charge of the remains described above, held on death resulted from: Notificity of I took charge of the remains described above, held on death resulted from: Notificity of I took charge of the remains described above, held on determined monner Notificity of I took charge of the remains described above, held on death resulted from: Notificity of I took charge of the remains described above, held on death resulted from: Notificity of I took charge of the remains described above, held on death resulted from: Notificity of I took charge of the remains described above, held on death resulted from: Notificity of I took charge of the remains described above, held on determined monner Notificity of I took charge of I took of I			OL EVIEDALAL CALLEE W	C 231 THE C	To be the second			
CONTRIBUTING CAUSE OF DEATH P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME. STREET CITY OR TOWN COUNTY			UNDERLYING OR	HOUR A.A		c. HOW INJURY OCCURRED	(ENTER NATURE OF INJURY IN ITEM 18 PART 1 OF	₹PART 2}
AT WORK AT WORK 228. I certify that I took charge of the remains described above, held on Autopsy , Inspection XX Inquiry , and in my apinion death resulted from: Natural causes XX Accident , Suicide , Homicide , Undetermined monner , ASSISTANT MEDICAL EXAMINER SIGNED 3/14, EXAMINER'S NAME Hormez R. Guard, M.D. ADDRESS 111 Penn Street Balto. MD 2120; 230. BURIAL CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTY ST BURIAL 3-20-80 Sheltonham Veterans Sheltonham Md 24. FUNERAL DIRECTOR 25b. RE-SITAR'S SUNADRE Strar's SUNADRE	1	Ş	CONTRIBUTING CAUS			10011011		
AT WORK AT WORK 220. I certify that I took charge of the remains described above, held on Autopsy , Inspection XX Inquiry , and in my apinion death resulted from: Natural causes XX Accident , Suicide , Homicide , Undetermined monner , ACTUAL SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER SIGNED 3/14, EXAMINER'S NAME Hormez R. Guard, M.D. ADDRESS 111 Penn Street, Balto., MD 2120; 230. BURIAL CREMATION, REMOVAL 236. DATE 236. NAME OF CEMETERY OR CREMATORY 234. LOCATION COUNTY ST BURIAL STORY ST ST ST ST ST ST ST S	1	MED					CITY OR TOWN	COUNTY STA
death resulted from: Notwool causes XX Accident , Suicide , Homicide , Undetermined monner , ITITLE (SPECIFY) ASSISTANT MEDICAL EXAMINER SIGNED 3/14 EXAMINER'S NAME (TYPE OR PRINT) Hormez R.Guard, M.D. ADDRESS 111 Penn Street, Balto., MD 2120; 230. BURIAL CREMATION, REMOVAL 23b. DATE (SPECIFY) Burial 3-20-80 Sheltonham Veterans Sheltonham Md 24. FUNERAL DIRECTOR			AT WORK AT WORK	- U				
death resulted from: Notinal causes XX. Accident , Suicide , Homicide , Undetermined monner , ITITLE (SPECIFY) ASSISTANT MEDICAL EXAMINER SIGNED 3/14 EXAMINER'S NAME Hormez R.Guard, M.D. ADDRESS 111 Penn Street, Balto., MD 2120; 230. BURIAL CREMATION, REMOVAL 23b. DATE 32c. NAME OF CEMETERY OR CREMATORY CHYORTOWN COUNTY ST. SHELTON M.D. Sheltonham Veterans Sheltonham Md 24. FUNERAL DIRECTOR ST. ACCIDENT ST. NAME OF CEMETERY OR CREMATORY ST. SHELTONHAM COUNTY ST. SHELTONHAM C	L		22a. I certify that I took	charge of the remains de	escribed obave, held on A	ntopsy , Inspection	Inquiry and in my	apinion
TITLE (SPECIFY) M.D. Assistant MEDICAL EXAMINER DATE SIGNED 3/14 EXAMINER'S NAME (TYPE OR PRINT) Hormez R. Guard, M.D. ADDRESS 111 Penn Street, Balto., MD 21207 230, BURIAL CREMATION, REMOVAL 23b. DATE (SPECIFY) Burial 3-20-80 Sheltonham Veterans Sheltonham Md 24. FUNERAL DIRECTOR 27. DATE (SPECIFY) MEDICAL EXAMINER DATE (SIGNED 3/14) 28. LOCATION (CHYPORTOWN) COUNTY ST. SHE STRAR'S SUNADRE (ST. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SUNADRE (ST. DATE REC'D. BY REGIS			death resulted from:	Natural causes XX	Accident . Suicide	Homicide /		
Assistant MEDICAL EXAMINER DATE SIGNED 3/14, M.D. Assistant MEDICAL EXAMINER DATE SIGNED 3/14, M.D. ADDRESS 111 Penn Street, Balto., MD 21207 230, BURIAL CREMATION, REMOVAL 23b. DATE SPECIFY OR CREMATORY Burial 3-20-80 Sheltonham Veterans Sheltonham Md 24. FUNERAL DIRECTOR SHE IZES DATE REC'D. BY REGISTRAR'S SUNADRE			/-	1/ 1/				
EXAMINER'S NAME (TYPE OR PRINT) Hormez R.Guard, M.D. ADDRESS 111 Penn Street, Balto., MD 2120; 730. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY CHYOR TOWN CHYOR TOWN CHYOR TOWN STREET STATES				KOLL	8ID		MEDICAL EXAMINED DA	
TYPE OR PRINT) HOTTINEZ R. GUATA, M.D. ADDRESS III Penn Street, Balto., MD 2120.	1		V/	100	-		MEDICAL EXAMINER SIG	STED
230. BURIAL CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION CHYOR TOWN ST CHYOR TOWN	1		EXAMINER'S NAME	Hormez R.Gu	ard, M.D.	ADDRESS 111 1	Penn Street Balto	.MD 21201
Burial 3-20-80 Sheltonham Veterans Sheltonham Md 24 FUNERAL DIRECTOR S+ 750. DATE REC'D. BY REGISTRAR 75 SHONADORE	23							
24. FUNERAL DIRECTOR C+ 25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SUNATURE	1			3-20-80				
	24			10-20-00	TOTICE COMIS		C'D. BY REGISTRAR 25b. REMISTRAR	
Tsaiah L. Brown & Son PA 1913 W. Balto MAR 1 9 1980	1.					DU. BERE	9 1990 Friting	

	$\mathbf{l}_{\mathbf{i}}$	FOR STATE	DEPAS	STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GO 0 7	0 3 5
-	I DE	REGISTRAR CEASED NAME FIRST	MIDDLE	LAST	REG. NO.	AY YEAR 26 HOUR
2 (14)		EDMOND		PRAYBE SR.	3 3	1 80 436 P
	3 SE		Caucatian	5. DATE OF BIRTH MONTH DAY YEAR 9 33	A-6	IF UNDER 1 YEAR IF UNDER 24 HE ONTHS DAYS HOURS MIN
lessin. Page 72 hours 72 hours	(IRTHPLACE (STATE OR FOREIGN COUNTRY)	75 CITIZEN OF WHAT COUNTR		BALTIMORE CITY OR COUNTY	
d within	10 C	ity or town of DEATH	11. NAME OF HOSPITAL, NUR	FING HOME OR OTHER INSTITUTION HOSpital	17e USUAL OCCUPATION Waintenance	126. KIND OF BUSINESS O
in 24 hou		AL RESIDENCE (IF NURSING HOMEO STATE 136 COUL Aryland A.			911 Amelia Av	/enue
The short)4. F.	ather's NAME Samuel	middle Prayb	e Bertha		Grenavich
an and control Pages 1.	160 Y	WAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GN	RMED FORCES? 166 SOCIAL SE		ADDRESS raybe 446 Ma	artin Dr.
rfica ysici pers oval			nly one cause per line for (o), (b), ED BY. TE CAUSE (o)			BETWEEN ONSET AND DEAT
tending ph tending ph e carbon pa ion, or rem r traumatic		3979 Conditions, if any, which	DUE TO, OR AS A CONSEC	DUENCE OF		al yer.
by the att be remove it, crematin,		gave rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEC	DUENCE OF		26 years
r requires n signed hen pleas to burial ny injury,	N.	PART 2 OTHER SIGNIFICANT		O DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION GIVE	N IN PART 1101
e law s bee	CERTIFICATION	1% DATE OF OPERATION 3/31/80	196 CONDITION FOR WHI	CH OPERATION WAS PERFORMED	INCERTIF	WERE FINDINGS USED YING CAUSES OF DEATH?
PHYSICIAN: The physician. This certificate has unal-transit perm Mental Hygiene. dor Item 18 show		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MONTH	DAY YEAR	RED (ENTER NATURE OF INJURY IN ITEM 18, PA	RT 1 OR PART 2)
of a de	MEDICAL	21d INJURY OCCURRED WHILE OF MOT WHILE OF AT WORK	210 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFK	211 LOCATION	CITY OR TOWN	COUNTY STATE
or a or a OR: See a Heal		220.1 certify that (I) (this hasp	ital) attended the deceased from 3/31 19		deoth occurred on the date and hour	ond from the couses stated
TAL OR AT the hospital AL DIRECT stached for Lite Oept. of IT: If Item 2		276. SIGNATURE	Dame M.D.	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF □ DIRECTOR □ PHYSICIAN 🔀	3/31/80
OSPITAN IN STAN IN STA		226 PHYSICIAN'S NAME (TYPE OF ALAS S. DA	14.5	22e ADDRESS	MD. DEFT -	SURGERY
TOF shoul	230	BURIAL CREMATION, REMOVAL (SPECIFY) Burial	The state of the s	len Haven Mem. P		COUNTY STATE
DHMH-16 25M	24 F	UNERAL DIRECTOR	ADDRESS		TE REC D. BY REGISTRAR 250. REGISTI	RAR'S SIGNATURE

3 31 60 6	1000	egyil a LL 2	News House
24			100
go 20 aronko (ar		1 6 L E. a. W	
Maseria sumanamisM	Ladines	unaversing of Md. 1	5300 52 53
111 firelas Emanue		ermie mais .;.	n literation
3 = 7		20.75%	Lourisa
. no ments to the action		2125-1027	

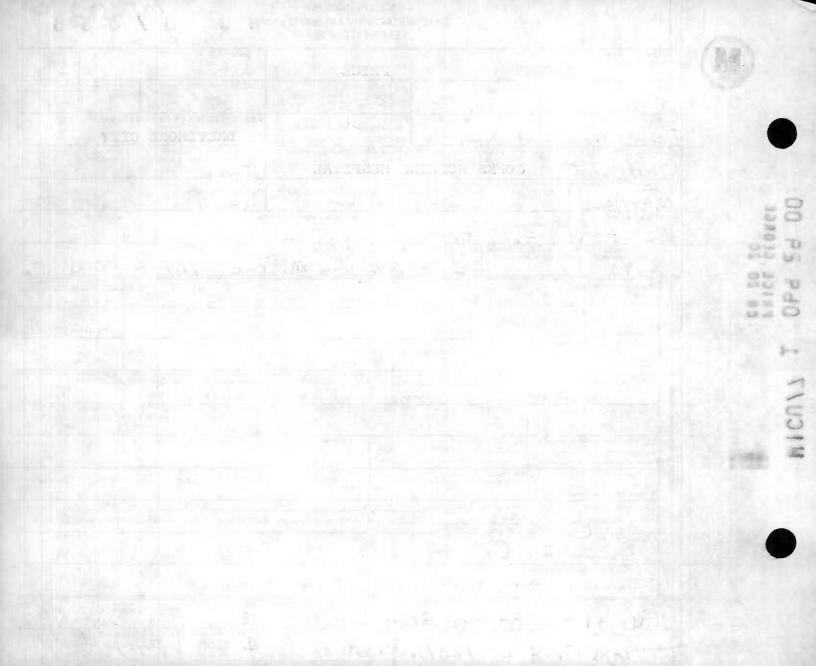
	Items 216-21e & 22a G542 4/17/STATE OF MARYLAND						07936	
	1 - STATE Thems 210, 21f, 228 G547 CERTIFICATE OF DEATH						0 / 0 3 0	
REGISTRAR 0/4/80 dad per H. Guard EKIPICATE OF DEATH					REG. NO			
		1. DEC	CEASED NAME PIRST	MIDDLE	00	20 DATE OF DEATH	AONTH DAY YEAR 25 HOUR	
	ge 3		raup-	tte_ T	ready		3-1-80 1255 PM	
	100	3. SE)		()	E OF BIRTH	AGE (IN YEARS LAST BIRTH	MONTHS DAYS HOURS MIN	
	(max)		† EMALE	10 1.A. I	2 08 66	1 13	YRS	
-	(DOL)		RTHPLACE (STATE OR FOREIGN 76. (CITIZEN OF WHAT COUNTRY?	RIED NEVER MARRIED	BALTIMORE CITY OF	COUNTY OF DEATH	
	N S		mr.		WED DIVORCED	Dalti	more lily mo	
	the state of	10 Ct	Y OR TOWN OF DEATH	NAME OF HOSPITAL, NURSING HOM (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	E OR OTHER INSTITUTION	128 USUAL OCCUPATION	ON 126. KIND OF HUSINESS OR WORKING LIFE) INDUSTRY	
5	1 1 1 1 1 X	10	Pal In	niemss-Un	iversity I	50, 54L	Went	
22	5 5 E	USU/	SUAL RESIDENCE AN HURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 131 COUNTY 131 COUNTY 131 INSIDE CITY LIMITS? IN STREET ADDRESS					
9	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	130 3	m L John	- 130 Chines	.6	1526 H	moster & St.	
7	And A		THER'S NAME		TS. MOTHER'S MAIDEN NAM			
NATHANIEL BRIDGES ALTCE				ALICE	WIDDLE	PREDDY		
#	100		AS DECEASED EVER IN U.S. ARMED	FORCES? 166 SOCIAL SECURITY NO		ADDRE	SS PREITIV	
WO	The spec		es, no or unknown) (if yes, give wai	R OR DATES)	Deborah Law	rcon 2217	N. Aisquith St.	
BALTIMOI	sicial ers. P val.			ne cause per line far (a), (b), and (c).	Theborall Law	15011 2211	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
	phys pape emov tic ev		PART I. DEATH WAS CAUSED BY	Y: Callen	Monoxide	Poision	RIWEN ONSE AND DEATH	
S DEL G IMMEDIATE CAUSE (0)								
NOT	tend carb on, trau		7960	DUE TO, OR AS A CONSEQUENCE OF	TO, OR AS A CONSEQUENCE OF Promis Dentil			
NE S	y the atten remove car cremation, or other tra		Canditions, if any, which gave rise to immediate	(b)				
3 4	by the serence of the		cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUENCE OF				
201	signed by n please re burial, cr		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g)					
DS,	- t o t	Z	TAKE 2 OTHER SIGNIFICANT CON	THE CONTRACT NO.				
Ö	as been nit. The prior to prior to was any	ATK	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERAT	ION WAS PERFORMED	20e AUTOPSY?	206. IF YES, WERE FINDINGS USED	
<u> </u>	e has bermit,	F.				YES NO	IN CERTIFYING CAUSES OF DEATH?	
DIVISION OF VITAL RECORDS,	an, cat it pint 18	CERTIFICATION	21a. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c HOW INJURY OCCURRE			
7 7	physic physic is certif ial-tran ental h		OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. MONTH DAY YE	fine coe	ident- ar	son	
NO	ng ph this urial Mer d or	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED	P.M. 2/0/00 1 21r. PLACE OF INJURY	211 LOCATION	15/11/2/2		
/ISI	endir offter the b n and narke	ME	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)		city or tow	timore City. Md.	
6	att as as alth		22s. I certify that (I) (this haspital)		19.	to		
i	O O ST Z		saw the deceased alive an 19 and that in (my) (our) appropriate and hour and from the causes stated					
	bonspital		above, (I) (we) (did) (did not) view the body after death. 276. SIGNATURE DEGREE 276. DATE SIGNED					
	- DEC =		7.8	marie	M. D ATTENDING _	MEDICAL STAF	F _ 3/2/V N	
	TO HOSPITALS retained by the h TO FUNERAL D should be detache with the State De		PHYSICIAN DIRECTOR PHYSICIAN 2224 PHYSICIAN SNAME (TYPE ORPRINIT) 2224 ADDRESS					
	ned hos		C. SIR	AM				
	TO FUNERAL should be detact with the State IMPORTANT:	22- 0	URIAL CREMATION PENOVICE		F CEMETERY OR CREMATORY	123d. LOCATION		
-		230 8	SPECIFY	Tytogta	ern Star Cem.	Baltimo	re Co. MD	
270	BP	Burial 3/11/80 Western Star Celli Baltimore Co. MD 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 250. RECISTRAR'S SIGNATURE						
1	DHMH-16 25M		NAME	H 1101 E. Nort	h Ave	1 2 1980	pickey /Kelresky	
(VRA 15, 4) 1/79			Wm. C. March F/H 1101 E. North Ave. MAR 1 2 1980					



J - S1	OR TATE EGISTRAR		STA EPARTMENT OF I DICAL EXAMIN	HEALTH			0	7 (3 7	
1. DECE	EASED NAME FIRST OR PRINT) Elais		MIDDLE M.		eston		DATE KNOW OF EST DEATH MAT	I- INTH	23 19 8	EAR 26 HOUR
3. SEX	emale Black	S. DATE OF BIRTH	1960 LATESTHOA	Y) MONTE	DER 1 YR. IF UNDER	24 HRS. 2c MIN. PR	DATE CONOUNCED DEAD WA	MÓN		24 HOUR 3:05
SINA	THPLACE (STATE OR IGN COUNTRY)	76 CITIZEN OF WH.	. A.	WIDOW		IED L			UNTY OF DEAT	
В	y or town of death altimore	3106 Vi	ITAL, NURSING HOME BITY, GIVE STREET ADDRESS) rginia Ave	nue	ER INSTITUTION	RECR	LOCCUPATION EAT IO	NAL A	IDE KIND O	PE BUSINESS PUSTRY
5 MA.	RYLAND		BALTIMO	RE	13d. INSIDE CITY LIMITS? YES NO	13: SIREE	TADDRESS BAKE	R STR	EET 21	.217
C:	HER'S NAME LARENCE	WIDDLE	PRËSTON		15. MOTHER'S MAIDE ELAINE	NAME	MIDDLE		MeNEI	LL
160. WA {YES.	AS DECEASED EVER IN U.S. ARA NO, OR UNKNOWN) (IF YES, GIVE NO 18 CAUSE OF DEATH (Enter an)	WAR OR DATES)	215-80-10		ELAINE	WHIT	E/1514	DRESS BAKI		21217
	Conditions, if any, which gave rise to immediate cause (a) stating the <u>underlying cause last</u> . PART 2 OTHER SIGNIFICANT CONDITIONS	(b)	AS A CONSEQUENCE O)F	E OR CONDITION GIVEN IN PA	RT 1 (a).				
MEDICAL CERTIFICATION	190. DATE OF OPERATION	19b. CONDITI	ON FOR WHICH OPER	ATION W	AS PERFORMED?				20. AUTO	
SALCER S	210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF D		MONTH DAY YEAR 3 23 1980		bject shot	D (ENTERNA)	TURE OF INJURY IN	ITEM 18 PART 1 O	DR PART 2)	
	WHILE NOT WHILE AT WORK	STREET, FACTO	F INJURY (AT HOME, DRY, FARM, ETC.) DME		cation TREET 6 Virginia	Ave.,	Balti	more	COUNTY	°Md.
	ACTUAL / Lag.			Autop:		Undeter	Inquiry , nined manner	and in my	TE 3/2	4/80
	EXAMINER'S NAME Virg	inia I D	olan M D			MEDIC		Penn S	treet	

The state of the case of the state of the st The later was a series of the

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENS - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO LAST 2e DATE OF DEATH MONTH DECEASED NAME 26 HOUR TYPE OR PRINTS 18 GEORGE PRICE AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS 4 RACE 5 DATE OF BIRTH IF UNDER I YEAR 3 SEX HOURS 20-20 BALTIMORE CITY OR COUNTY OF DEATH Te BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED BALTIMORE CITY WIDOWED DIVORCED [NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12h. KIND OF BUSINESS OR CITY OR TOWN OF DEATH 12ª USUAL OCCUPATION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY JOHNS HOPKINS HOSPITAL TIMOVE MILOY USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13g STATE 136 COUNTY 134 INSIDE CITY LIMITS? 13R STREET ADDRESS 13c CITY OR TOWN NO 🗌 YES T 15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE MIDDLE WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT **LIKETA** (IF YES, GIVE WAR OR DATES) (YES, NO OR UNKNOWN) WP CO APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c). PART I. DEATH WAS CAUSED BY hypotennon , condince standstill 12 hours IMMEDIATE CAUSE (o)_ DUE TO, OR AS A CONSEQUENCE OF 4850015 pribude myounded Canditians, if any, which gave rise to immediate couse to, stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last Coronary andery disease PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 damage anoreic bramo Acute pulmonery edema 206. IF YES, WERE FINDINGS USED CERTIFICAT 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY IN CERTIFYING CAUSES OF DEATH? YES NOT NO [YES [216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 21a ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 21d INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE AT WORK 50 19 50 3/3 220.1 certify that (1) (this haspital) attended the deceased from_ 19 50 , and that in (my) (aur) apinian death occurred on the date and hour and fram the causes stated saw the deceased alive an 3 3 3 abave, (I) (we (did)) did not) view the bady after death. DEGREE 22c DATE SIGNED use m.D. ATTENDING MEDICAL STAFF DIRECTOR PHYSICIAN PHYSICIAN 22e ADDRESS 224. PHYSICIAN'S NAME (TYPE OR PRINT) Idb the Johns Hopkins Hospital Abbruzzese shoul with 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23a BURIAL, CREMATION, REMOVAL 23b. DATE CITY OR TOWN emeTAry 250 DATE REC'D. BY REGISTRAR 256. RESISTIAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH-16 25M (VRA 15, 4) 1/79



STATE OF MARYLAND

	8 W U	V D. D. C.A.		AZ Corpolito (EC	
				HE STANGE	
				H FU	
3 4.8					BRITINE
		Varying bourge		79 84 V 7036	7
	52S18		EXSK 1	35003	HEART
	T 1 7 7 7 7 7 7	10:34 E	Q819 25388kg	FRANCE APRILLED	
			TOW OR PENSES OF	2-1-84 LW) 5	1417-08

THE ASSESSMENT OF THE PARTY OF The second of th diff Jaras In Flance LIAN SECTION OF STREET STREET, STREET,

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO

- STATE REGISTRAR LAST 2a. DATE OF DEATH MONTH 2b. HOUR I. DECEASED NAME March 25, Puhlmann 1980 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS Feb. 17, 1900 DAYS HOURS 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Baltimore City WIDOWED DIVORCED 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 12b. KIND OF BUSINESS OR 6 Curtis Avent (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Avenue USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 13c CITY OR TOWN Curtis Avenue ltimore YESX NO [15 MOTHER'S MAIDEN NAME FIRST LAST Unknown 166 SOCIAL SECURITY NO. 17 INFORMANTO 18-14-9 Mrs Bresnahan ora APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (o), to), and n CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF PART 2. OTHER \$ 10 HIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 190T RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0) 206 IF YES, WERE FINDINGS USED 196. CONDITION FOR WAICH OPERATION WAS PERFORMED 28a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? YES [YES -216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR

TH LOCATION CITY OR TOWN STATE (AT HOME, STREET, FACTORY, OFFICE THE BYELL

DEGREE MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22+ ADDRES

734 LOCATIO 23(. NAME OF CEMETERY OR CREMATORY STAYE CL . _CITY OR TOWN Glen Haven Mem. Pk Gleh Burnie Anne 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

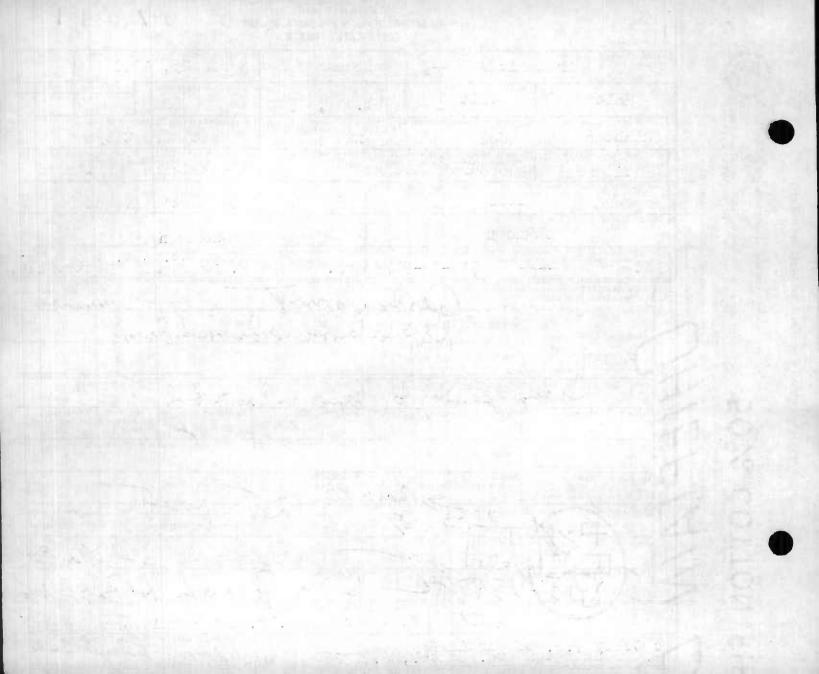
DHMH - 16 25M (VR A 15 (4)) 9/74

of Curtisand nington Ave. Balto. Md. 21226

MAR 2 8

12L DATE SIGNED

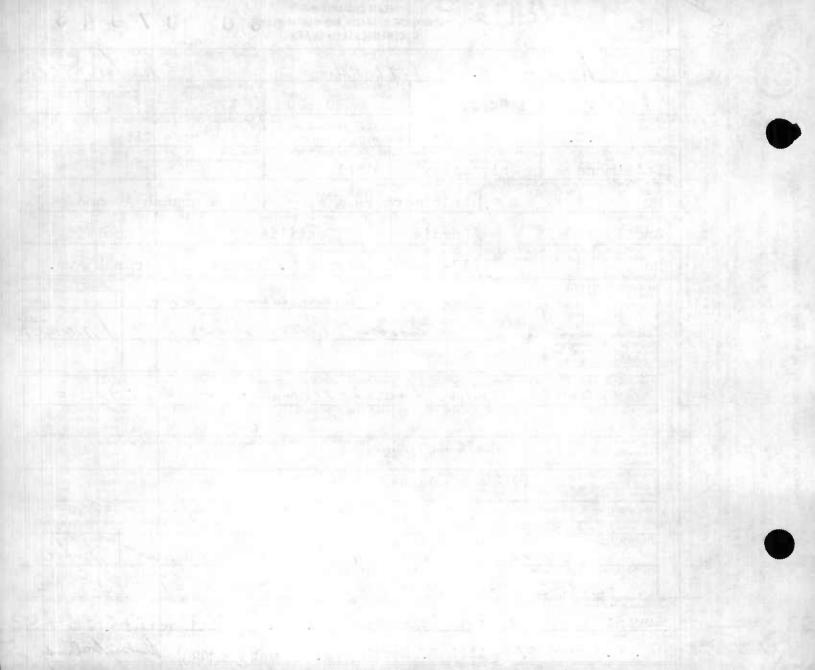
and that in (my) (our) opinion death occurred on the date and hour and from the causes stated



N	FOR STATE REGISTRAR		ENT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH	REG. NO.
	DECEASED NAME FIRST (TYPE OR PRINT)	MIDDLE	PUMPHREY	26. DATE OF DEATH MONTH DAY YEAR 20 HOUR
	SEX	Cajacasian	5 DATE OF BIRTH 1897 MONTH DAY 10, 1896	6. AGE (IN YEARS LAST BIRTHDAY) # UNDER 1 YEAR # UNDER 2 WONTHS DAYS HOURS
35	R. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	76 CITIZEN OF WHAT COUNTRY? I	MARRIED NEVER MARRIED WIDOWED DIVORCED	Baltimore City OR COUNTY OF DEATH Baltimore City
ed with	Baltimore	NAME OF HOSPITAL, NURSING UP NOT IN SUCH FACILITY. GIVE STREET AD UNIVERSITY HO	ospital	128 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) FAMILY Retired
# £55	JSUAL RESIDENCE (IF NURSING HO JU STATE	ounty AA Glen But		512 Burton Road
and 2 show	William	MODIE Pumphrey	15 MOTHER'S MAIDEN NA FIRST Mary	ME Sapping ton
ysician and colors. Pages 1 a byai.	(YES, NO OR UNKNOWN) (IF YES	ARMED FORCES? 166 SOCIAL SECURI 218-12-6		Thompson, daughter, same
d by the attending ase remove carbon ial, cremation, or refy, or other traumal	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUEN	age	any waterple
i please re burial, cr njury, or	Canditians, if any, whice gove rise to immediate cause (a), stating the underlying cause lass	DUE TO, OR AS A CONSEQUEN (b) DUE TO, OR AS A CONSEQUEN (c)	NCE OF SEATH BUT NOT RELATED TO THE TERM	200 AUTOPSY? 200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH
rificate has been signed by ansit permit. Then please re I Hygiene prior to burial, cr em 18 shows any injury, or	Canditions, if any, whice gove rise to immediate cause (a), stating the underlying cause lass. PART 2 OTHER SIGNIFICA 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING CAUSE CONTRIBUTION CAUSE.	DUE TO, OR AS A CONSEQUEN (b) DUE TO, OR AS A CONSEQUEN (c) NT CONDITIONS CONTRIBUTING TO DE 196 CONDITION FOR WHICH O 216. TIME OF INJURY HOUR A.M. MONTH DAY	NCE OF EATH BUT NOT RELATED TO THE TERM OPERATION WAS PERFORMED Y YEAR 211. HOW INJURY OCCUR	200 AUTOPSY? 206 IF YES, WERE FINDINGS USED
is certificate has been signed by rial-transit permit. Then please refental Hygiene prior to burial, cr or Item 18 shows any injury, or or Item 18 shows any injury, or	Canditions, if any, whice gove rise to immediate cause (a), stating the underlying cause last PART 2 OTHER SIGNIFICATION TO DETAIL OF OPERATION TO DETAIL OF THE PROPERTY WAS UNDERLYING.	DUE TO, OR AS A CONSEQUEN (b) DUE TO, OR AS A CONSEQUEN (c) NT CONDITIONS CONTRIBUTING TO DE 196 CONDITION FOR WHICH O 216. TIME OF INJURY HOUR A.M. MONTH DAY P.M. 218. PLACE OF INJURY	PEATH BUT NOT RELATED TO THE TERM OPERATION WAS PERFORMED 21c. HOW INJURY OCCUR 19 211 LOCATION	200. AUTOPSY? 200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES NO NO
ECTOR: After this certificate has been signed by for use as the burial-transit permit. Then please is of Health and Mental Hygiene prior to burial, or on 21 is marked or Item 18 shows any injury, or	Canditions, if any, whice gove rise to immediate cause (a), stating the underlying cause lass. PART 2 OTHER SIGNIFICAL 190. DATE OF OPERATION 216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE (IF EITHER, NOTHY MEDICAL EXAM 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 226. I certify that (I) (this because a live and the deceased alive saw, the deceased alive and the deceased alive an	DUE TO, OR AS A CONSEQUEN (b) DUE TO, OR AS A CONSEQUEN (c) NT CONDITIONS CONTRIBUTING TO DE 196 CONDITION FOR WHICH O 198 CONDITION FOR WHICH O 218. TIME OF INJURY HOUR A.M. MONTH DAY P.M. 218. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FAR OSSPITAL) OFFICE, FAR OSSPITAL) OFFICE, FAR	PEATH BUT NOT RELATED TO THE TERM OPERATION WAS PERFORMED 211. HOW INJURY OCCUR 19 211 LOCATION STREET 19 19	200. AUTOPSY? 200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES NO RED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)
DIRECTOR: After this certificate has been signed by ched for use as the burial transit permit. Then please is Dept. of Health and Mental Hygiene prior to burial, or If Item 21 is marked or Item 18 shows any injury, or	Canditions, if any, whice gove rise to immediate cause (a), stating the underlying cause lass. PART 2 OTHER SIGNIFICA 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CONTRIBUTING ATWORK 21d. INJURY OCCURRED WHILE NOT WHILE ATWORK 22a. I certify that (I) (this is saw the deceased alworks). 22b. SIGNATURE	DUE TO, OR AS A CONSEQUEN (c) DUE TO, OR AS A CONSEQUEN (c) NT CONDITIONS CONTRIBUTING TO DE 196 CONDUTION FOR WHICH O 3	PERATION WAS PERFORMED 211. HOW INJURY OCCUR 211 LOCATION STREET 212 Cond that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN [200. AUTOPSY? 200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES NO CERTIFYING CAUSES OF DEA
FCTOR: After this certificate has been signed by for use as the burial-transit permit. Then please is to Health and Mental Hygene prior to burial, or em 21 is marked or Item 18 shows any injury, or	Canditions, if any, whice gove rise to immediate cause (a), stating the underlying cause lass. PART 2 OTHER SIGNIFICA 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE CONTRIBUTING CAUSE CONTRIBUTING AT WORK 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 22a. I certify that (I) (this is saw the deceased alive obove, (I) (we) (did) (d)	DUE TO, OR AS A CONSEQUEN (b) DUE TO, OR AS A CONSEQUEN (c) NT CONDITIONS CONTRIBUTING TO DE 196 CONDITION FOR WHICH O 198 CONDITION FOR WHICH O 218. TIME OF INJURY HOUR A.M. MONTH DAY P.M. 21R PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FAR 199 d not) view the body after death.	PEATH BUT NOT RELATED TO THE TERM OPERATION WAS PERFORMED 211. HOW INJURY OCCUR 19 211 LOCATION STREET 19 Cond that in (my) (aur) apinion DEGREE ATTENDING	208. AUTOPSY? YES NO NERTIFYING CAUSES OF DEATH YES NO NO NO NO RED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) CITY OR TOWN COUNTY STA CITY OR TOWN COUNTY STA A DEATH OF THE STAFF ST

11 MES	H MI TO THE WAY AND THE PARTY OF THE PARTY O	
volo escrible?		
	Fit No. 1, 1 with	and I in
\$ 96 % and \$ 16 m		
manufactor dated according	market and the contract of the market	
	Education of the Contract of	

	3	1.	FOR - STATE REGISTRAR	DEP	ARTMENT OF H	OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH	GIỆME () O	7 0 4 3
A ad b	page 3 r death	1. DE	CEASED NAME FIRST	MIDOLE W.	Pa s. bate o		2e. DATE OF DEATH MONTH	20/80 7:00PM
age 4	ector, rs afte		MALE	Negro	8 8	3°o o o o	79	MONTHS DAYS HOURS MAN
death. P	72 hour 72 hour 1/2 h		OUNTRY) N.C.	TE CITIZEN OF WHAT COUN	MARRIE	NEVER MARRIED	Baltimore CITY OR COL	
Urs after	by the fu		Baltimore	11. NAME OF HOSPITAL, NI INF NOT IN SUCH FACILITY, GME Universit	y Hosp		126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK)	17h. KIND OF BUSINESS OR INDUSTRY
AND 212	filled in uld be fill		AL RESIDENCE IN NURSING HOME OR STATE 136 COUN MD		inore	134 INSIDE CITY LIMITS? YES 🔼 NO 🗌	130 STREET ADDRESS 1809 Aruna	h Avenue
MARYLAND	and 2 short		April	Puro		15. MOTHER'S MAIDEN NA Costili	.a.	Melvin
TIMORE,	Pages 1 t, the me		NAS DECEASED EVER IN U.S. ARA YES, NO OR UNKNOWN)	WAR OR OLIECT	SECURITY NO 1-8913	Carrie B.	Purdie 1809	Arunah Ave.
RDS, 201 W. PRESTON ST., 8 w requires that the death certif	en signed by the attending phy fhen please remove carbon pap r to burial, cremation, or remo ny injury, or other traumatic e	NO	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONS (b) DUE TO, OR AS A CONS (c)	SEQUENCE OF		VINAL DISEASE OR CONDITION TIVE HEADT	1 month
TAL RECORDS, AN: The law rec	it permit. ygiene prio	CERTIFICATION	19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING	196 CONDITION FOR W	HICH OPERATIO			IF YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES NO NO
DIVISION OF VITAL IDING PHYSICIAN:	tter this certificate he he burial-transit perm and Mental Hygiene arked or Item 18 sho	MEDICAL C	OR CONTRIBUTING CAUSE OF DEA! IN EITHER, NOTIFY MEDICAL EXAMINER) 714 INJURY OCCURRED		DAY YEAR	211 LOCATION	CALED CENTER MATURE OF INJUNE IN THE	n IO, PARI I OR PARI 4)
DIVISIO DIVIS P Sttendin	After thas the bur Ith and N	MEC	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, O		STREET	CITY OR TOWN	COUNTY STATE
PITAL OR ATTEN	ERAL DIRECTOR e detached for use a State Dept. of Hea ANT: If Item 21 is		27a.1 certify that (1) (this haspit saw the deceased alive an abave, (1) (we) (did) (still not 27b. SIGNATURE	view the body after death.	19_80 , or	d that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN 1228 ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	d hour and from the causes stated
TO HOSPI retained by	should be detact with the State [IMPORTANT:		THOMAS	6. So	902	225	GREENE ST	BACT MO
I DU BP.			BURIAL, CREMATION, REMOVAL SMC(FY) Burial	3/25/80		emetery or crematory us Mem. Pk	23d LOCATION CHYORTOWN Baltimore	CO. MD
	HMH-16 25M RA 15, 4) 1/79	24 F	Wm. C. March	F/H 1101	E. Nort		TE REC'D. BY REGISTRAR 256. RE	Lingtony De Creedy



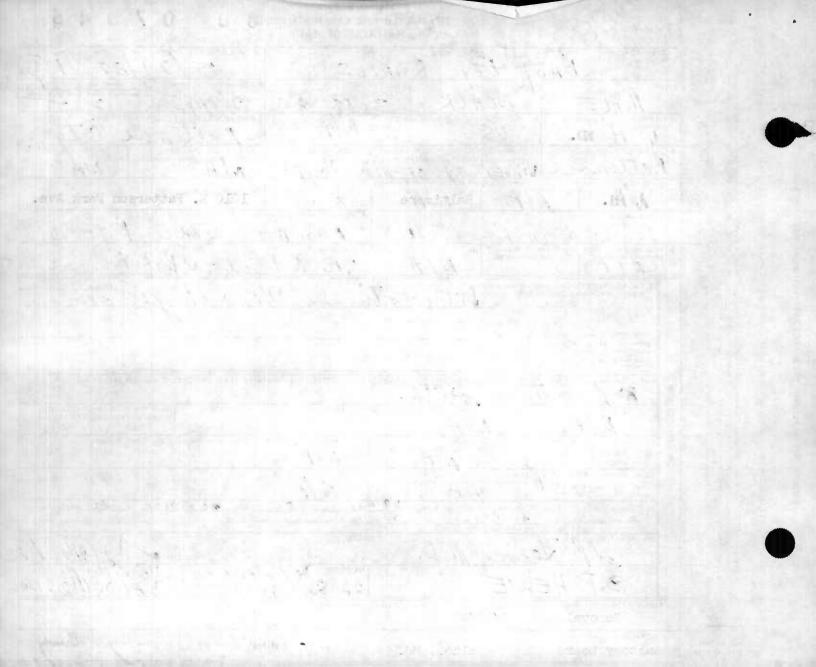
DEPARTMENT OF HEALTH AND MENTAL HYBENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR LAST 1. DECEASED NAME 20 DATE OF DEATH 26 HOUR DOSH MARY PURNELL 6 102 M 3 SEX 4 RACE 5 DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF LINDER LYEAR HOURS 25 Female White Oct. 1884 95 In BIRTHPLACE ISTATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY BALTIMORE CITY U.S.A. Maryland WIDOWED O. CITY OR TOWN OF DEATH 12b KIND OF BUSINESS OR 12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY BALTIMORE NURSING None BALTIMORE, MARYLAND 2120 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 136 COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS 305 Tuscany Road - 21210 Baltimore Maryland 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Amelia Matthai James E. Marv Ingram 60 WAS DECEASED EVER IN U.S. ARMED FORCES 166 SOCIAL SECURITY NO 17 INFORMANT Son: (YES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Lyttleton B. Purnell, III, 112 Witherspoon Rd. 220-44-3513 No 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and ic PART I. DEATH WAS CAUSED BY PRESTON ST.. IMMEDIATE CAUSE (a DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a), stating DUE TO, OR AS A CONSEQUENCE OF 3 underlying DIVISION OF VITAL RECORDS, 201 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 19a DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 2 to ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21(HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION ă CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that 11 (this haspital) attended the deceased fram sow the deceased alive an. and that in (my) (our) opinian depth accurred on the date and hour and fram the causes stated DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN MPORTANT: 22e ADDRESS 22d. PHYSICIAN'S NAME (TYPE OR PRINT) ould b 23c NAME OF CEMETERY OR CREMATORY 23g, BURIAL, CREMATION, REMOVAL 23b. DATE 3/10/80 Woodlawn, Balto. Co., Md. Burial Woodlawn Cemetery BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH - 16 60M 1/75 STEWART & MOWEN CO., 108 W. North Ave. (VRA 15 (4)) 21201

STATE OF MARYLAND

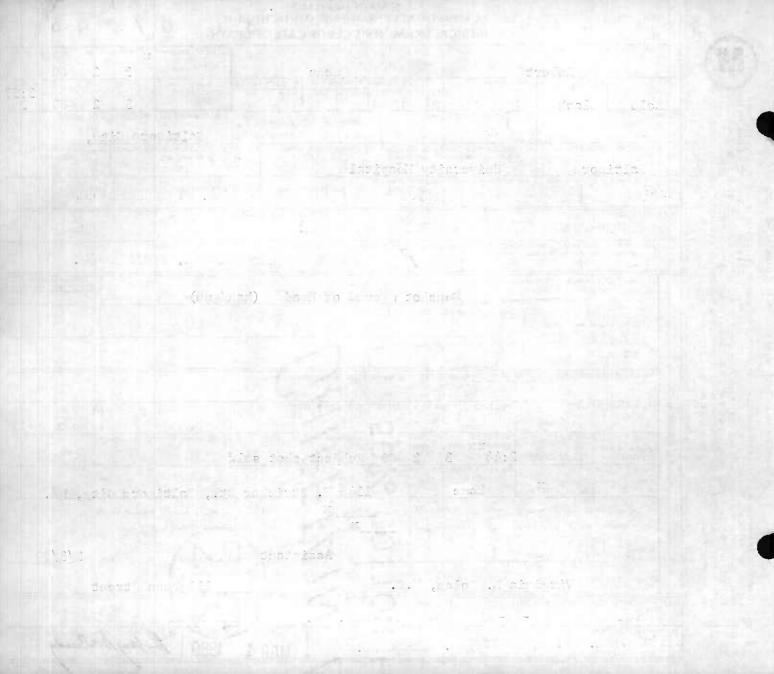
posting it is a larger to the stiffer of the stiffer All and added the control of the con

COLDENS TO BE SEEN OF THE SECOND PROPERTY OF THE SECOND SE

FOR STATE REGISTRAR 1. DECEASED NAME STATE STAT		ALTH AND MENTAL HYGI	EMS IS		
1. DECEASED NAME FIRST TYPE OR PRINT)		CATE OF DEATH	REG. NO.) / 0 4	3
BARV E	MIODLE	ŠT		NTH DAY YEAR	2h HOUR
	BOY QUAL	15	3/	21/80	177
3 SEX MALE PRACE	ACK S. DATE OF	BIRTH DAY YEAR YEAR	6. AGE IN YEARS LAST BUTHDA	YRS. CHICART PEAR	HOURS MA
BIRTHPLACE ISTATE OF FOREIGN 75. CITIZEN OF	F WHAT COUNTRY? MARRIED WIDOWED	17///	BALTIMORE CULY OR C	MOL C	tv.
	HOSPITAL, NURSING HOME OF JICH FACILITY, GIVE STREET ADDRESS)	OTHER INSTITUTION	124 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WI		F BUSINESS
USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION 136 STATE)		13d. INSIDE CITY LIMITS? YES A NO	STREET ADDRESS Pa	tterson Par	k Ave
14. FATHER'S NAME FIRST REAL NATO RESPUE	E QUALLS	15. MOTHER'S MAIDEN NAM	7 DEBBIE	= AVE	R5
18 CAUSE OF DEATH LEnter only one cause por PART I DEATH WAS CAUSED BY:	166 SOCIAL SECURITY NO.	1610 No PA	TERSON PO	ark Ne.	SARI
PART 2 OTHER SIGNIFICANT CONDITIONS CONDITIONS OF THE PROPERTY	OR AS A CONSEQUENCE OF		20a AUTOPSY? 21	Ob. IF YES, WERE FINDING CAUSES	GS USED OF DEATH?
	OF INJURY A.M. MONTH DAY YEAR	21c HOW INJURY OCCURRE	YES NO	YES	но 🗆
I IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 4/1 21e PLACE	P.M. 19 E OF INJURY STREET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OF TOWN	COUNTY	STATE
220.1 certify that (1) (this hospital) attended to saw the deceased alive an experience obave, (1) (we) (did) (did not) view the bod	y after death.	d that in (my) (our) opinion d	eath accurred on the date	and haur and from the	
	m To	EGREE ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE	March
0 = 0 =	2/11.		DIRECTOR PHISICIAL	116	0
	L Mi.P.	220 ADDRESS DESTA	PEDIATKICS- TENESTA TRADESTA	BACTO. 1	hp. 21.



	No.								MARYLA							
3/	11-	FOR STATE					AENT OF						0	7 1	1 4 6	5
1		REGISTRAR	F FIRS		MEL		XAMIN	NER'S	CERTIFI	CATEC	FDEA		REG. NO	<u>o</u> .		
		CEASED NAM	E FIRS	1		MIDDLE			LAST			20. DATE I	ESTI-	HTMOM 5	DAY YEA	R Zb. HOUR
				pert					Queen		2. 2.		MATED [3	2 19 80) M
	3. SE	K	4 RACE	5 DA	TE OF BIRTH	YE AR	6. AGE (IN YE LAST BIRTHE		DER 1 YR.	IF UNDER		2c. DATE	CED	MONTH	DAY YEA	3:57
		Male	Black	1	12 6	47	32 Y	· Man	HS. DATS	HOURS	MIN.	DEAD	CED	3	2 1980) 3:3/ P M
,		RTHPLACE (S	TATE OR	7b. C	ITIZEN OF WH	AT COUNT	RY?	8. MARR	IEDX XXVI	VER MARR	ED []	9. BALTIM	ORE CITY O	OR COUN	TY OF DEATH	
>	MAF	Y LAND			us			WIDOW	_	DIVORC	-	Ba	1timo	re Ci	tv.	AAD
	10 C	ITY OR TOWN	OF DEATH	11. N	AME OF HOSP	ITAL, NUR	SING HOM	E, OR OTH	IER INSTITU	TION		AL OCCUP	ATION (TYP		12b. KIND OF OR INDU	BUSINESS
		Balti	more	("			y Hosp	ital			TRU	ICR "DF	RIVER		OK INDU	SIKY
	USU	AL RESIDENCE	(IF IN NURSING HO		R INSTITUTION, GIVE	E RESIDENCE E	SEFORE ADMISS	ION)	has more		1					
	MAR	POLAND	13b. CC	ONIT		BALT	PMORE		13d HISIDE	NO [7348	SET ADDRES	TRICK	CER S	TREET	
	14. F.	ATHER'S NAME		MIDD	LE		AST—.			ER'S MAIDE		AAII	DDIE		0.1465-1	
		ÄNGL	0			CHIS	LEY		EL	TZABE	IH	7****			QUEEN	1
	16a. \	VAS DECEASE	DEVER IN U.S.	ARMED FO		166. SOC	AL SECURIT	Y NO.	17. INFOR		-11		ADDRESS		=	
1		ES, NO OR UNKNO	1				1		MARV	A QUE	EN I	1348 N	I. STR	CICKE	K ST.	
		18 CAUSE C	F DEATH (Enter	anly ane	cause per line f	ar (a), (b),	and (c).)								APPROXIM BETWEEN ON	ATE INTERVAL
		PARTIDE	ATH WAS CAU	JSED BY: DIATE CAU	JSE (a)	Guns	hot . W	Vound	of He	ead	(han	dgun)			BETWEEN ON	SET AND DEATH
		955	50	(DUE TO, OR A	AS A CON	EQUENCE	OF								
			ns, if any, wh se to immedi		(b)											
		cause (a	stating the unc		DUE TO, OR A	S A CONS	EQUENCE	OF								
		lying cau	se last.		(c)											
		PART 2 DTHER SI	GNIFICANT CONDITI	ONS CONTRIB		JT NDT RELAT	ED TO THE TERA	AINAL DISEAS	E DR CONDITIO	N GIVEN IN PAI	RT 1 (a).					
	NO.															
-	¥	19a. DATE OF	OPERATION		196. CONDITI	ON FOR W	HICH OPER	RATION W	AS PERFOR	MED?					20 AUTOPS	SY?
	IFK				13.5										YES X	NO
	MEDICAL CERTIFICATION		L CAUSE WAS		21b. TIME OF	INJURY		21c. H	OW INJURY	OCCURRE	D (ENTERN	ATURE OF INJU	PRY IN ITEM 18	PART 1 OR PA		
	AL	UNDERLYING	OR OR	OF DEATH	НОUR XX .	MONTH 3	2 1980	R		shot						
	DIC	21d INJURY C	CCURRED		21e. PLACE OF	FINJURY	(AT HOME,	211. LO	CATION	SHOL	SCII					
	X	WHILE	NOT WHILE AT WORK	X	STREET, FACTO		2.)		TREET			CITY OR TOW			UNTY	STATE
		AT WORK	AI WORK		hon	ne		1134		Stric	cer S	t. B	altim	ore (City, M	d
		22s. I certi	fy that I taak ch	arge of th	e remains descr	ribed abay	e, held an	Autap	sy X,	Inspection	П.,	Inquiry	□, on	id in my ap	oinion	
		death result	ed fram: No	atural caus	ses L,	Accident	,Su	icide X	, Hami	ide .	Undete	rmined mai	nner .			
		ACTUAL	-11		V 6) 1				- '-	PECIFY)						
		SIGNATURE.	Jugu	MC.	Lalole	22		M	D Ass	istani	MED!	CALEXAMI	NER	SIGNE	3/3	/80
7		EXAMINER'S	NAME T				37					6 BE				
		(TYPE OR PRI	(II) VI		a L. Do				ADDRESS_				Penn	Stre	eet	
			TION,REMOVA		_		AME OF CE			DRY	23d. LO	CATION		ÇOU	NTY	STATE
		SURTAL		3-3	50-80	WE	STVIE	W MEN			_	ALTIMO			YLAND	
		ZABETH		LLIPS	1 Deres	11 11	almar	07			4	REGISTRAR	25b. RE	STRAR'S S	NATURE	
		CABCIII	L+ 1111	LLIFS	5 19729	N. M	UNKUE	51.		MAF	24	1980	per	Jan 1	- Cres	7



	-						STAT	E OF MARYL	AND				
			1-	FOR STATE REGISTRAR		DEP	ARTMENT OF H CERTIF	EALTH AND I		REG. NO	0 7	0 4	7
	ashir	100		CEASED NAME FIRST		MIDDLE	1	AST			MONTH DAY		2b. HOUR
- 2	PLA		(TYPE	OR PRINT) NELSO	7		QUEN	CHAL			2 4	80	7540.
=/			3 SE	X	4 RACE		5 DATE C			6. AGE (IN YEARS LAST BIRT			IF UNDER 24 HRS
-	AM &	906		Male	Negr	0	7	15	O1	78	YRS.	HS DAYS	HOURS MIN
-	5_/	at or		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF		TRY?			9. BALTIMORE CITY O	R COUNTY OF	DEATH	
	1 W	1970		Ala.	US		WIDOWE		VORCED	BALTIMORI			MD.
5	bythe fed with	£33		Saltimore			INS HOME C			128. USUAL OCCUPATH (TYPE OF WORK FOR MOST OF		26. KIND OF NDUSTRY	BUSINESS OR
30 \$	e fill	E	USU	AL RESIDENCE (IF NURSING HOME OF TATE		136. CITY OR		1134. INSIDE C	ITV LIALITED	13e STREET ADDRESS			
500 E	ould b	رکچ		MD			imore	YES TO	NO [1017 N.	Washin	aton	St.
YIA	shou	xa	14. FA	THER'S NAME		•		15. MOTHER'S	MAIDEN NAM	AE .	1100112		00.
ATT C	pple 1	300		FIRST	MIDDLE	LAST			hyllis	MIDDLE	TA	estle	AV
	- 05 E	med		VAS DECEASED EVER IN U.S. AF		166 SOCIAL	SECURITY NO.	17 INFORMA		ADDRE		CDCI	- <u>1</u>
ALTIMORE ALTIMORE	anda	the	(res, no or unknown) (if yes, gr	E WAR OR DATES)	216-	10_0136	Hele	n Harr	ell 1017	N Mac	hinat	ton St
Care	ician P. P.	ent,		18 CAUSE OF DEATH (Enter o	alu ana sawa na	~		TICIC	II Hall	CII IOI/	IV. Was	APPROXIM	ATE INTERVAL
in !	ohys	ic ev		PART I. DÉATH WAS CAUSI	ED BY		Ersis					BETWEEN OF	DEI AND DEATH
V ST	ing p	mat		A A O C	TE CAUSE (o)								
O dead	end	trau		0387	DUE TO, C	OR AS A CONS	EOUENCE OF						
the the	nove	other		Canditians, if any, which gove rise to immediate	(b)								
that	by the	0 0		couse (a), stating the underlying cause last.	DUE TO, C	R AS A CONS	EOUENCE OF				16 (1.5)		
201	ned b	injury,		2.07.0 07.150.510.115.5.117	(c)	0.47040447046			***		171011011011511		
DIVISION OF VITAL REGARDS, 201 M. & RESTON ST.	sign r	i i i	Z	PART 2 OTHER SIGNIFICANT	AL JA	-	S TO DEATH BUT	NOI RELATED	TO THE TERM	INAL DISEASE OR CONL	IIION GIVEN II	N PART HO	
a me	t. Th	ws any	CERTIFICATION	190 DATE OF OPERATION	110		HICH OPERATIO	N WAS PERFO	RMED	28a AUTOPSY?	206. IF YES, WE	RE FINDING	GS LISED
RE	has	shows	윤	THE DATE OF STENATION	1,000		men or enamo				IN CERTIFYING		OF DEATH?
TAL	ician. Iificate has Insit perm	18 9	E	21a. ACCIDENT WAS UNDERLYING	7 216. TIME C	DE IN ILIRY		Tair HOW IN	LIURY OCCUPR	YES NO	YES _	OR PART 2)	NO 🗆
ON OF VITA	ysici	Item 18		OR CONTRIBUTING CAUSE OF DE	ATH HOUR A	M. MONTH	DAY YEAR	THE HOW IN	JOR! OCCOR	ED (ENTER INCIONE OF INJOR	THE TIEM TO, TAKE	OR 7 ART 2)	
2 1	d by	d or Iter	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER		.M.	19	211. LOCATIO	501				
OIS IG P		marked or	MA .	21d. INJURY OCCURRED WHILE NOT WHILE	(AT HOME, ST	OF INJURY	FFICE, FARM, ETC.)	STREET	214	CITY OR TOW	N C	OUNTY	STATE
DIVISION	Aft as th	E		AT WORK — AT WORK				161	12	71	<i></i>	2/:	
TE	or o	21 is		22e I certify that # (this hosp	-	he deceased fo		114	. 19	, to	7 19_		hat (we) last
A	pita Fe for	rem rem		saw the deceased alive ar above, (1) (we) (did) (did no	at) view the body	ofter death.	.,		(aur) apinion d	leath accurred on the do	ite and hour and		
i j	the hospital	If I	1	22b. SIGNATURE		2	0	DEGREE	ATTENDING	MEDICAL STAF		22c. DATE S	IGNED
N A	7 the	Z Z		Cleo	الم	proc		(1)	PHYSICIAN [DIRECTOR PHYSIC	IAN	3/4/	180
SPI	sined by the hospital or at FUNERAL DIRECTOR.	ORTAN		22d. PHYSICIAN'S NAME (TYPE	OR PRINT)		,	22e ADDRES	is a	, 1		2 0	-0
H	taine	IMPOR		Fleot	I.	5/40/		(0/	UBROAD	lesty 1	suc	-
C	of Short	₹ ≥ =	23a I	BURIAL, CREMATION, REMOVAL	236. DATE		23c NAME OF C	EMETERY OR	CREMATORY	234 LOCATION		NTY	STATE
0.0	BP	100	1	Burial	3/7/8	30	Mt. C	alvary	Cem	Baltimo	re		MĎ
SOR	DUBBLE	0.0544		UNERAL DIRECTOR	- ITAT					REC'D. BY REGISTRAR	256 REDISTRAR	SHUND	Seels
	DHMH-1 (VRA 15,		Wr	n. March I	F/H 13	101 E.	ss North	Ave.	I MAI	R 1 2 1980	broken	77.401	7

N - C3 N

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE R - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. L DECEASED NAME 2a DATE OF DEATH MONTH 26 HOUR LTYPE OR PRINT) 3. SEX 4 RACE & AGE IIN YEARS LAST BIRTHOAY) IF UNDER I YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MONTH white May 20, 1943 Female 36 years BALTIMORE CITY OR COUNTY OF DEATH Te. BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED MINEVER MARRIED COUNTRY II S Va WIDOWED DIVORCED [IS CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12h KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Baltimore Rept-Book Keeper Phy USUAL RESIDENCE LIF NURSING HOME OR OTHER INSTITUTION. GIVE RESIDENCE BEFORE AMISSIONS E C 13e STATE 136 COUNTY 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Md Pro Georges Greenbelt 3 C NOF Eastway YES T 4. FATHER'S NAME IS MOTHER'S MAIDEN NAME LAST MIDDLE Honaker John Wood Winnie ADDRESS Ing. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT (IF YES, GIVE WAR OR DATES) IYES, NO OR UNKNOWN) 235 64 9101 Samuel J Quercio Greenbelt, Md. no APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). PART I DEATH WAS CAUSED BY CARDIORES PIRATORY ARREST 30min IMMEDIATE CAUSE (a)___ DUE TO, OR AS A CONSEQUENCE OF POST DISENSE POST BOM MARROW TRANSPIONT Canditions, if ony, which gave rise to immediate cause (a), stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) CERTIFICATION DISEASE 20g AUTOPSY? 206. IF YES, WERE FINDINGS USED 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? shov NOF NO [YES T Hygi 8 71a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 211 LOCATION 21d. INJURY OCCURRED 21e PLACE OF INJURY CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) WHILE NOT WHILE [AT WORK AT WORK 22a 1 certify that (1) (this haspital) extended the deceased fram. 21 MAR and that in (my) (aur) apinian death occurred on the date and hour and fram the causes stated FUNERALDIREC above (we) (did (did not) view the bady after death 22c. DATE SIGNED 276 SKENATURE DEGREE State De ulliva ATTENDING MEDICAL STAFF DIRECTOR PHYSICIAN PHYSICIAN TO FUNCE should be of 224 PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS SULLIVAN 23¢ NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23a BURIAL, CREMATION, REMOVAL 23b. DATE STATE COUNTY Ft Lincoln Cemetery Cremation Brentwood Pro Georges Md 250 DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR F. Gasch's Sons P A Hyattsville, Md. DHMH-16 25M (VRA 15, 4) 1/79

Luf 0 To And the special contract of the state of vo - -3 61.34

A CONTRACTOR OF THE PROPERTY O

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. 2s DATE OF DEATH MONTH DAY FIRST LAST 7h HOUR DECEASED NAME (TYPE OR PRINT) Franklin 09:36AM 1980 TAMES RADA MARCH 08 3. SEX 4 RACE 5. DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS HOURS MIN MONTH MONTHS DAYS 1920 June White Male **BALTIMORE CITY OR COUNTY OF DEATH** TO BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED U.S.A. BALTIMORE CITY Maryland WIDOWED DIVORCED [12b. KIND OF BUSINESS OR 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 10 CITY OR TOWN OF DEATH 12ª USUAL OCCUPATION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Baltimore nspection agent Railroad JOHNS HOPKINS USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
136 STATE 13 COUNTY 136 CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET, ADDRESS 1214 Dalton Road DIXON NOK Baltimore YES [Marvland 15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE FIRST MIDDLE LAST Jennie Warns Rada John ADDRESS 146 SOCIAL SECURITY NO 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Annabelle Rada 1214 Dalton Road -07-0384 W.W.II es APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY m IMMEDIATE CAUSE (a)_ MED DUE TO, OR AS A-CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse 101, stoting the MON CONSEQUENCE underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH. RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 ATION d 20g AUTOPSY? 206. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? RELEASED NO YES T NO I ACCIDENT WAS UNDERLYING 71h TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY OR CONTRIBUTING CAUSE OF DEATH YEAR MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 211 LOCATION 21e PLACE OF INJURY 21d. INJURY OCCURRED CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE AT WORK AT WORK 27a.1 certify that (1) (this haspital) attended the deceased fram_ and that in (my) (our) opinion death accurred on the date and hour and from the causes stated saw the deceased alive an abave, (1) (we) (did) (did not) view the body after death. DEGREE 22c. DATE SIGNED 22b. SIGNATURE STAFF ATTENDING MEDICAL IMPORTANT: DIRECTOR PHYSICIAN PHYSICIAN 224. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS should be with the S 23g BURIAL CREMATION REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY CITY OR TOWN (SPECIFY) Parkwood Cemetery Baltimore Co., Maryland Buria 25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR **DHMH-16 25M** Johnson 8521 Loch Raven Blvd. MAR (VRA 15, 4) 1/79

P. L. X. D. S. G. Maries Street, Street, St. St. term and the same of the same VE 108 11 705 miles to the second sec and the discussion of the second of the second of the second of Mary Tarle . . O. propri de l'altra l'altra l'accompand di distributione l'affenti Tilliem &. Johnson US21 Jack Tavan Live. Mark Const. & mailti

	1	FOR STATE REGISTRAR	-y	DEPARTA	MENT OF	E OF MARYLAND TEALTH AND MENTAL HYO TICATE OF DEATH	REG NO	7 0 5	5 0
M).		ECEASED NAME OT	RSI Stanley Un Illy	WIDDLE	1)	Rakowski Kowski	20 DATE OF DEATH	3 30 80	26 HOUR /6 .4
ge 4 m	3. SE	× male _M	4 RACE WA	x te	5. DATE (H DAY YEAR	6 AGE (IN YEARS LAST BIRT	MONTHS DA	
of once.	M	SIRTHPLACE (STATE OR FOREX COUNTRY) aryland	US		MARRIE		Baltimore city o	rcounty of DEATH	1 M
by the filled with	В	altimore	Balti	more City	Hosp	itals	(TYPE OF WORK FOR MOST O	F WORKING LIFE) INDUST	d of Business of RY tery
hould be	Ma:	ryland	Baltimore	N, GIVE RESIDENCE BEFORE 134 CHTY OR TOW ESSEX		134 INSIDE CITY LIMITS?		Apt.B enbacker Rd	1. 21221
ompletely ond 2 s		ATHER'S NAME FIRST	Unknown	LAST		15. MOTHER'S MAIDEN NA FIRST	Unknot		LAST
rion and cers. Pages	160	WAS DECEASED EVER IN (YES, NO OR UNKNOWN) (IF	U.S. ARMED FORCES? YES, GIVE WAR OR DATES) WWII		1654	Leona Rakows	ADDRE ki, wife	Same	ROXIMATE INTERVAL EEN ONSET AND DEATH
been signed by the mit. Then please rem prior ta burial, crem ony injury, ar other t	CERTIFICATION		the lost DUE TO, (c)		DEATH BUT	NOT RELATED TO THE TERM	NINAL DISEASE OR CONI	DITION GIVEN IN PART 206, IF YES, WERE FIN	IDINGS USED
A hows	ERTIF	210 ACCIDENT WAS UNDERLY	YING 71h. TIME	OF INJURY		21c HOW INJURY OCCUR	YES NO	YES 🗌	NO 🗆
ter this certificat is the burial-tran h and Mental Hy, irked or Item 18 s	MEDICAL C	OR CONTRIBUTING CAU: (IF EITHER, NOT IFY MEDICAL E) 21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	SE OF DEATH HOUR A	A,M. MONTH D, P.M. E OF INJURY TREET, FACTORY, OFFICE, F	19	211 LOCATION STREET	CITY OR TOW		STATE
RAL DIRECTOR: A detached for use of the obstance of the obstan		22b. SIGNATURE	olive on 3/30 (dud not) view the bod	198		nd that in (asy) (our) opinion DEGREE ATTENDING PHYSICIAN	mEDICAL STAF	22c. DA	—, that (I) (we) los the couses stated ATE SIGNED
TO FUNERA should be d with the Sto		22d. PHYSICIAN'S NAME	MAN			Balto Ci	ty Hosp		
P	230	BURIAL, CREMATION, REA	MOVAL IJB DATE	30 23c. N Gr	name of c	EMETERY OR CREMATORY Son Funeral Ho	me, Madison	Wisconsi	STATE
H - 16 60M 1/75 VR A 15 (4))	学	MILETAL DIRECTOR	Harral Hom	./			E REC'D. BY REGISTRAR		

Kakerski The Usy Carding Mounty meet Arcollin chuser er, er, iscontin Market Principles (1988) and the Company of the Com

Sex In		1	FOR - STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYD CERTIFICATE OF DEATH		0 5 1
my	19000	1. D	ECEASED NAME FIRST	MIDDLE	LAST	REG. NO.	DAY YEAR 26. HOUR
90	e th	(TY	PE OR PRINT)	ER	BAMOS	3/21/20	6.40Au
age 4 may		3 S	MALE	BLACK	S DATE OF BIRTH MONTH DAY YEAR DG / S OP	& AGE (PH YEARS LAST BEETHDAY)	MONTHS DAYS HOURS MIN
£ 9.	(3) (3) (4) (4) (4) (4) (4) (4) (4)	70	BIRTHPLACE ISTATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED	BALTIMORE CITY OR COUNT	TY OF DEATH
deat	a francis	71		4.5.	WIDOWED DIVORCED	BALTIM	PRE CITY MD.
01 urs after	by the fued within	2 10,	BALTIMORE	(IF NOT IN SUCH FACILITY, GIVE STREE	NG HOME OR OTHER INSTITUTION TADDRESS)	170 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING UNEMPLOYE	17b. KIND OF BUSINESS OR
LAND 2120 ithin 24 hour	filled in uld be file	US 130	JAL RESIDENCE (# NURSING HOME OR STATE 134 COUN	OTHER INSTITUTION, GIVE RESIDENCE BEFORM	NN 1134 INSIDE CITY LIMITS?	13. STREET ADDRESS	2 11.50 V h
Vithii	shoul	14.	ATHER'S NAME	0112.	YES NO 15. MOTHER'S MAIDEN NA	GENERAL DE	1) DISSES
AR ted v	20 1-1	0		MIDDLE	FIRST Date to 1	MIDDLE	Con zen 1
E, A	1 an	160	WAS DECEASED EVER IN U.S. ARA	MED FORCES? 166 SOCIAL SEC	URITY NO 17 INFORMANT	ADDRESS	PERIEKA
BALTIMORE,	Pages	2		e WAR OR DATES) 0.28.0°	7_3311 Lena Jones	2. P.H. 2. Bet. 230	PA CAMPETTAL APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DS, 201 W. PRESTON requires that the death	n signed by the attending nen please remove carbon to burial, cremation, or y injury, or other traum:	and the state of t		DUE TO, OR AS A CONSEOL		ORM SINUS	
L RECORDS,	nit. Ti prior	CERTIFICATION	1% DATE OF OPERATION 2/2/20		OPERATION WAS PERFORMED SNO MINATO AR	IN CERT	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? VES \(\text{NO} \(\text{NO} \)
DIVISION OF VITAL DING PHYSICIAN:	transit ital Hyg		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	216. TIME OF INJURY HOUR A.M. MONTH	21c HOW THIS POCKED	RED ENTER NATURE OF INJURY IN ITEM 18	
DIVISION C	After this sthe burial th and Mer marked or	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	210 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.] 21E. LOCATION _STREET	CITY OR TOWN	COUNTY STATE
or a	Page 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Н		tol) ottended the deceosed from, 19_1) view the body after death.		deoth occurred on the date and ho	our and from the causes stated
TAL OR AT	RAL DIREC detached for tate Dept. of		22b. SIGNATURE	jailla &		MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNED
TO HOSP etained by	TO FUNERALE should be detach with the State D IMPORTANT: I		274 PHYSICIAN'S NAME (TYPE OF	TEA AUIN		F MD. HOSP	. 2/201
BP.		L	BURIAL CREMATION, REMOVAL	3-29-1980 23c	NAME OF CEMETERY OR CREMATORY	23d LOCATION LETT OR TOWN	Somerset ml
	HMH-16 25M (A 15, 4) 1/79	()	EUNERAL DIRECTOR NAME ALLE HOLMEN	. HOT Semen		TE REC'D. BY REGISTRAR 256 REGISTRAR 3 1 1980	STRAR'S SIGNATURE

The property of the property o

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 20. DATE KNOWN X DECEASED NAME MONTH YEAR 2b. HOUR (TYPE OR PRINT) ESTI-RANDOLPH DEATH MATED 80 ANTHONY M. 19 MONTH 6. AGE (IN YEARS | IF UNDER 1 YR. | IF UNDER 24 HRS YEAR 3 SEX 4. RACE DATE OF BIRTH 2c. DATE MONTH LAST BIRTHDAY) PRONOUNCED 80 male 3 52 DEAD negro 20 27 YRS 9. BALTIMORE CITY OR COUNTY OF DEATH To. BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED FOREIGN COUNTRY) Baltimore City USA DIVORCED MD ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS FOR MOST OF WORKING LIFE! 2300 blk. E. Chase St. Baltimore USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 13b. COUNTY Baltimore 13e. STATE 808 N. Bradford Street 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME II. PAGES 1 AND 2 MIDDLE MIDDLE James Jean Randolph Dupree 166. SOCIAL SECURITY NO 17. INFORMANT ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 808 N. NO OR UNKNOWN) 212-58-1488 Mr. & Mrs. Gerald McClair Bradford CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Gunshot wound of chest (unspecified weapon) IMMEDIATE CAUSE (a) DUE TO OR AS A CONSEQUENCE OF Canditians, if any, which HEALTH AND MENTAL gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). CERTIFICATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? 190 DATE OF OPERATION E DEPARTMENT OF PRIOR TO BURIAL, O YES A NO The EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING A OR HOUR AND MONTH DAY YEAR MEDICAL 19 80 Shot during argument. P.M. 3-7-CONTRIBUTING CAUSE OF DEATH 21e. PLACE OF INJURY (AT HOME. 711 LOCATION 21d. INJURY OCCURRED AT WORK NOT WHILE STATE STREET, FACTORY, FARM, ETC.) 2300 blk. E. Chase St., Balto. street Md. Inspection Inquiry and in my apinian 220. I certify that I taak charge of the remains described above, held an MARYLAND. Homicide X Undetermined manner death resulted fram: Natural causes Accident DIRECT TITLE (SPECIFY) 3-8-80 AGE 4 SHOU O FUNERAL D TER DEATH, V DATE Assistant ACTUAL SIGNATURE Ann M. Dixon, M.D. 111 Penn St. EXAMINER'S N EXECU PAGE TO FU AFTER BALTIW 23d. LOCATION 230. BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY STATE Burial MD 3/13/80 Baltimore Cem. Baltimore 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR **DHMH-17** (VR A15 ME (5)) Wm. C. March F/H 1101 E. North Ave. 15M 7/76

STATE OF MARYLAND

con the same of th . Com Committee Committee

Balto Md 21213

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

FOR

- STATE

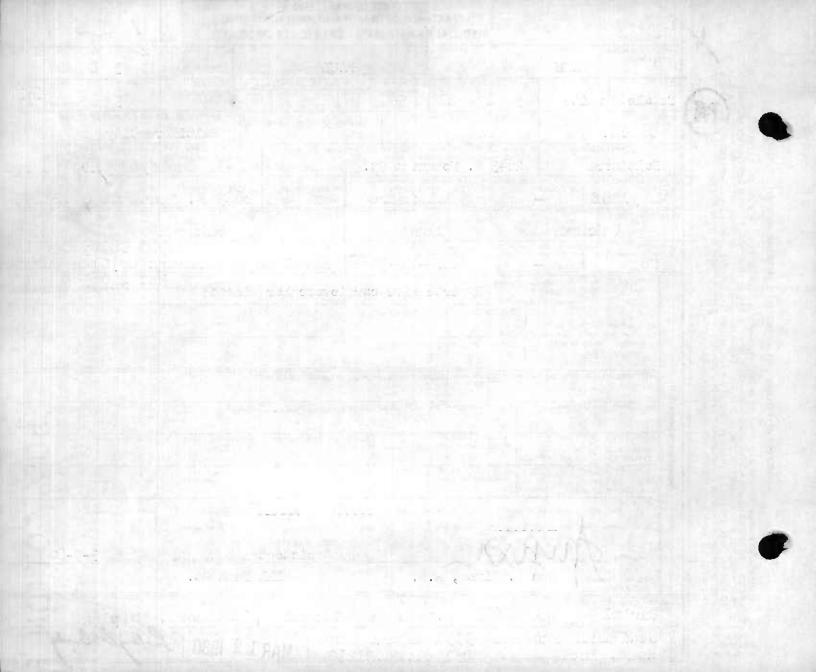
(VRA 15, 4) 1/79

Home, Inc

REGISTRAR

15M 7/77

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE



A. L. ... MARKET LANGUE CONTRACTOR THE PROPERTY HOSPITCH THE THE HAZZENING TO HOTEL 1 VZUEZEK 5624 U SOR BULL ST. o government culting and some the . Metter colleged of your a should

but one 2. Secretary transfer a second of Femr. Lo. Linck Mar. L5, 1948 1 30 Salta mare and a state of the s 9.91. __erkeley Naviinaburg 555 302 Heas Avenue Table H. Meeler Madeline --- Coreer 302 Hear Avenue Tes- one see. 257-270 Mes. Modelins C. Recler-Mertinsburg, L. Caul The second the store inter more yell grown all Purist Ner.15,1960 Rosedalo Cometers N Trinsburg, Berkeley, S. Om. In Brown Fundani Home, Inc. Estainstalt, . V.

E81 0 11U0

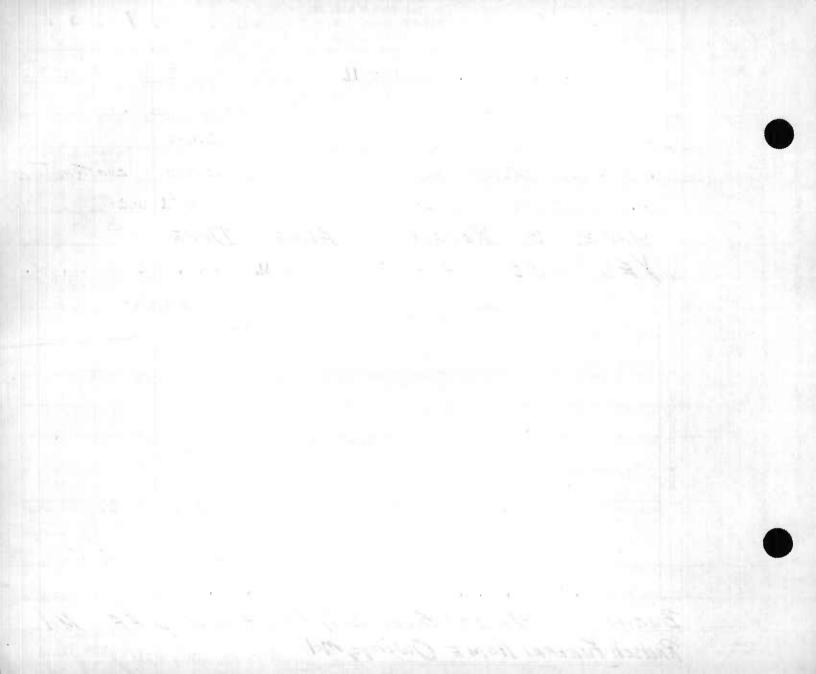
	E S	fter o
	O HOSPITAL OF ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page 4 motorined by the haspital or ottending physician.	TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physicion and completely filled in by the funeral director, pashould be detached for use as the buriol-transit permit. Then please remove corbonpopers. Pages 1 and 2 should be filed within 72 hours ofter a with the State Dept. of Health and Mental Hygiene prior to buriol, cremainon, or removal.
	am.	72 h
	e de	fon
5	soft	by the
212	hour	d in
QN V	n 24	hould
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	W. H	oletely od 2 s
E, M	uted	L on
MOR	exe	ond
ALTI	te be	ers. F
8	tifico	phys
N N	h cer	orre
REST	deo	offer offon,
<u>a</u>	the	y the
201	s tho	pleas
DS,	quire	Sign Then to bu
Ö	3	mit prior
AL R	The lo	t per
F VIT	AN	front frons I Hyg
ō Z	(SICI	vriol
/ISIO	PH S	the b
á	DINO	Afte se os solth
_	O HOSPITAL OF ATTENDING PHYSICIAN: The lefoned by the hospital or ottending physician.	TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physics should be detached for use as the burial-transit permit. Then please remove corbon paper with the State Dept. of Health and Mental Hygiene prior to burial, cremotion, or removal.
	hos	ched Ched Dept
	TAL O	RAL (deto
	OSPI ed b	UNE Id be
	eto in	Shoul

DHMH-16 20M (VRA 15, 4) 7/7B

IMPORTANT: If Hem 21 is morked or Item 18 shows ony injury, or other troumotic event, the

FOR

1 -	STATE REGISTRAR				CERTIF	ICATE OF	DEATH	RE	G. NO.				
	CEASED NAME	FIRST		MIDDLE	-	IAST		20. DATE OF DEA	TH MONT	H DAY	YEAR	2b. HOU	R P
		lliam	1	T.	Ren	ve1L			3	26	80	8:1	0 M
3. SE			RACE		5. DATE O		15.00	6 AGE JIN YEARS LA	ST BIRTHOAY)		OER I YEAR		
	Male		Whi	te	1 1		96	83		YRS.	HS DAYS	HOURS	MIN
	RTHPLACE (STATE OR F	OREIGN 7	CITIZEN OF	WHAT COUNTRY?	1	D NEVER		9 BALTIMORE C			DEATH		
	rvland		USA		WIDOWE		VORCED	Cal	rert				AAD
	TY OR TOWN OF DE	ATH 1	1. NAME OF	HOSPITAL, NURSIN	NG HOME C			120 USUAL OCC	JPATION			OF BUSINE	SS OR
PY	. Freder	rick	Calve	rt Hous				Carpe	4		NOUSTRY	-	Time
USU	AL RESIDENCE (IF NUR	SING HOME OR C	THER INSTITUTION	, GIVE RESIDENCE BEFOR	E ADMISSION)	10000						866	1101
138 3	Md.	Calve		Dunkir	_	13d. INSIDE C	NO K	6608 Re	ESS EVel/	Road	1		
4. FA	THER'S NAME	Calve	21.0	Dunker	1.5		S MAIDEN NA		VOLE	1000			
	JAME	5 2	3	REVE!	/	1	111CE	1)0	UE		LA	12	
	VAS DECEASED EVER		ED FORCES?	166 SOCIAL SECU	JRITY NO	17 INFORMA	INT	A	DDRESS				
Ur	ishighins	Wa	UL	212-18-	2350	James	Reve	14. Nephe	ew, E	rien	dsh	ip,	Md.
	IS CAUSE OF DEAT	TH (Enter only	one couse per	Type for royaltream	distri	1	1		1,		APPROX SETWEEN	ONSET AND	DEATH
	PART I. DEATH V	VAS CAUSED IMMEDIATE	/	reer	100	clere	lu 1	Vas a	ise	00	7		
	LLLING	>		R AS A CONSEQUE	ENICE OF								
	Conditions, if ony	, which	((b)	R AS A CONSECUT	EINCE OF								
	gove rise to im-	mediote)										
	underlying couse		1	R AS A CONSEQUE	ENCE OF								
	PART 2 OTHER SIG	NIFICANTO	ONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED	TO THE TERM	INAL DISEASE OR	CONDITIO	N GIVEN II	N PART II	(0)	
NO								THE DISEASE ON			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
CERTIFICATION	190 DATE OF OPERA	TION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFO	RMED	20a AUTOPSY		IF YES, WE			
IFIC								YES NO	_	ERTIFYING		S OF DEAT	_
ERT	21a, ACCIDENT WAS UN	IDERLYING	215. TIME C	OF INJURY		21c HOW IN	JURY OCCURE	RED (ENTER NATURE C					
	OR CONTRIBUTING	CAUSE OF GEATI	HOUR A.	M. MONTH D				(2					
MEDICAL	(IF EITHER, NOTIFY MEDIC 21d. INJURY OCCUR		_	M. OF INJURY	19	21f LOCATIO	ON.		-				
ME	WHILE IT NOT W	HILE [REET, FACTORY, OFFICE, F	FARM, ETC	STREET		CITY	OR TOWN	C	OUNTY	ST	ATE
	AT WORK LAT WO	ORK -	A - 100 - 92 A W		4.7	90	90	2	796		90		
	7Is I certify that (1) saw the deceas		3726	80 ad trom-				, to	20	19		that (I) (v	.,
	obove/() (we) j	didyldid not)	view the body	after death.			(our) opinion	death occurred on	rne date on				ofed
	776 SIGNATURE	11 ,1				DEGREE	ATTENDING	MEDICAL	STAFF			SIGNED	
	161	W.	20	ne	-		PHYSICIAN [DIRECTOR P			3/2	7/80	
	22d. PHYSICIAN'S N	AME (TYPE OR	PRINT)			22e ADDRES	S						
	George 3	J. Wee	ems, M	. D.		Huht	ingtov	vn, Md.	2063	9			
23o F	SURIAL, CREMATION,		235. DAJE	236 1	NAME OF C	EMETERY OR		23d LOCATION		COUR	utv	STA	ATE P
15	URIAL		3/29	180 FA	IEN	dshi	o CEN	FRIENCE	// "	A	9	11	1
24 F	INERAL DIRECTOR	,			~ *	4	25a DAT		RAR 256. R	EGISTRAR	SSIGNA	TURE	
TA	ilisch Fu	NERA	7/ 110	MEDDRESS)	win	195,11	A	PR 2. 19	20	Tinta	my M	E Cress	dy
		* *							MM	₩ ₩	-	200.	



12	FOR STATE REGISTRAR			ARTMENT OF HEALTH AND MEN CERTIFICATE OF DEA	TH	O O REG. NO.	70	5 8
(M)	DECEASED NAM	MILDRE	MIDDLE .	Reynolds	20 DATE O	March Month	26 P/80	AP AM
ctor, par after after	3 SEX fer	ple	4 RACE CONCORON	5 DATE OF BIRTH	YEAR O.)	EARS LAST BIRTHDAY) 76 YRS		H UNDER 24 HRS HOURS MIN
72 hours fied at or	78 BIRTHPLACE (S	1	76 CITIZEN OF WHAT COUNT	MARRIED WEVER MAR	RRIED BALTIMO	LT I MORE	CITY	MD.
d within	BALT IM	OF DEATH	I IE NOT IN SUCH FACILITY, GIVE S	RSING HOME OR OTHER INSTITU	TION 12a USUAL (TYPE OF WOR	OCCUPATION K FOR MOST OF WORKING LI		BUSINESSOR
iner mus		(IF NURSING HOME Q	NOTHER INSTITUTION, GIVE RESIDENCE	DEFORE ADMISSION 130 INSIDE CITY	LIMITS? 130. STREET		mood a	ne
and 2 should	14 FATHER'S NAM	E	MIDDLE LAST	NOLOW 15. MOTHER'S M.		WIDDLE	Dors	
Pages 1 and	- 0 1	DEVER IN U.S. AF	Del	SECURITY NO. 17 INFORMANT	Forest ck D. Reyno	HADDRESSIG 1ds, 2222	21050 Gibson Ro	d.
d by the attending physic sse remove carbon papers al, cremation, or removal y, or other traumatic even	Conditions,	if any, which ta immediate, stating the	DUE TO, OR AS A CONS	EDUENCE OF PLAATA, COL		SIP		AAC
this certificate has been signed the unal-transit permit. Then pleass Mental Hygiene prior to burial or Item 18 shows any injury,	The DATE OF STREET OF STRE	OPERATION T WAS UNDERLYING T WAS UNDERLYING T CAUSE OF DE	196 CONDITION FOR W. 216 TIME OF INJURY	HICH OPERATION WAS PERFORM	THE TERMINAL DISEAS	OPSY? ID. IF YE	ES, WERE FINDING IFYING CAUSES O	GS USED
After this certifications is the burial-trans th and Mental H marked or I tem		TIFY MEDICAL EXAMINE		19 211 LOCATION STREET	00	CITY OR TOWN	COUNTY	STATE
DIRECTOR: hed for use as Dept. of Healt If Item 21 is r		deceased alive a	ortal) attended the deceased for	DEGREE	ur) opinian death accurr			
UNERAL dbe detac the State [DRTANT:	274. PHYSIC	IAN'S NAME (TYPE	Means In	220 ADDRESS	ENDING MEDICAL YSICIAN DIRECTOR GAMES hos	R PHYSICIAN	1 3	26/80
Should with	(SPECIFY)	NATION, REMOVA		23c NAME OF CEMETERY OR CRE Springfield Cer	MATORY 23d LOC	ATION OR TOWN	county Howard	STATE Md.
MH-16 25M A 15, 4) 1/79	24 FUNERAL DIRE	CTOR 1630	Edmondson Ave	ss Catonsville, Md ville, P.A. 2122	25e. DATE REC'D. BY	registrar 25h. regis		

Elizabeth Ithiomy

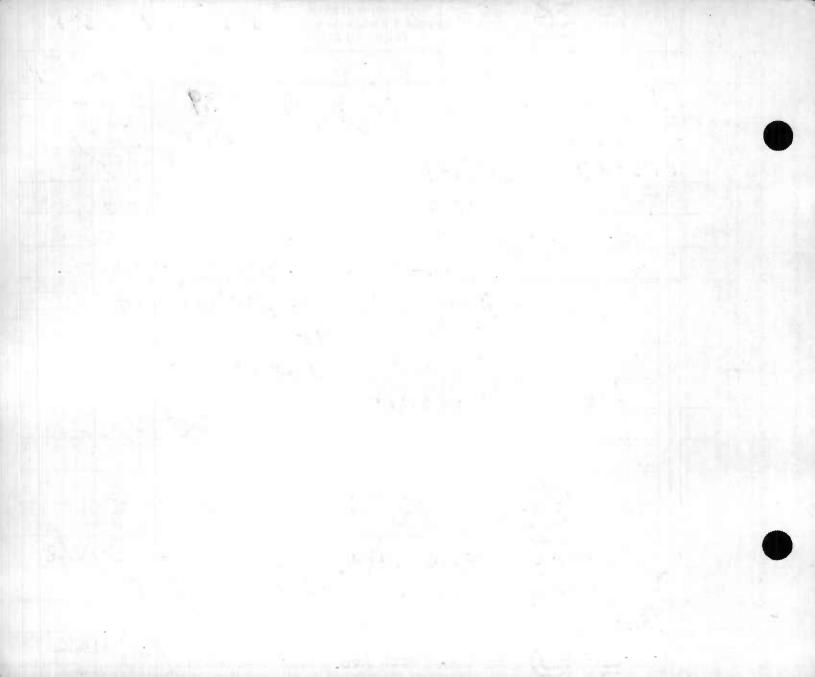
TITO BROWLINGS # 12 PARTITIONS BALTIMORE LAST ARRES HOSPITAL

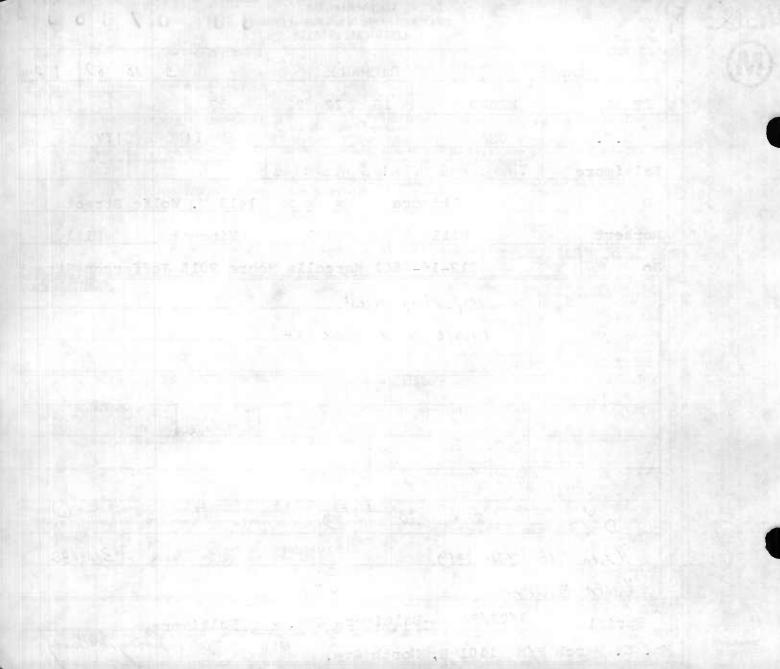
The state of the s

The United Function of Colombust S. C. (2022 - Colombus S. C.)

his office material and nothing as

1 1	B	1 -	FOR STATE REGISTRAR	DE	PARTMENT OF H	OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH	GINE ()	7 0 5	9
moy be poge 3		1. DEC		EMA 1 RACE	RI	CE	20 DATE OF DEATH	NONTH BAY YEAR Z 80	25. HOUR 2000 M
ge 4 r ector, ars offe	96		-EMAIE	BLACK	A CONTA	B DAY JEAN	39	YRS. DAYS	HOURE AND
72 in	of one	Co	Jamaica	IN CITIZEN OF WHAT COU USA	MARRIEI	D DIVORCED	BALT	COUNTY OF DEATH	Y MD.
	notified	R	ALT MORE	SINA	E STEET ADDRESS	R OTHER INSTITUTION	17a USUAL OCCUPATIO		BUSINESS OR
within 24 hours after letely filled in by the id 2 should be filed w	Set must be	13a S	MD	ITY 113c CITY O	ce Before admission) or town imore	134 INSIDE CITY LIMITS?	13. STREET ADDRESS 2906 Glei	n Avenue	
completely	Sec.		Prince Ge	eorge Hi	nes	Constan	CE	Tho	rpe
be exected on ond s. Poges	e medico	16a V	(AS DECEASED EVER IN U.S. AR/ es, no or unknown)	WAR OR DATES)	58-2156	Henry J.	ADDRES Rice 3727 I	Dolfield A	
requires that the death certificate en signed by the attending physicis. Then please remove carbonpaper to burial, cremation, or removal.	event, the		18 CAUSE OF DEATH (Enter online PART I. DEATH WAS CAUSED IMMEDIAT	y one couse per line for (0), BY: E CAUSE (0)	HBOLIC	ACIDOSIS	, HYPERKA	LEMIA DETWEEN C	MATE INTERVAL ONSET AND DEATH
of the death contraction by the attending remove corbine cremation, or	troumotic		Conditions, if ony, which gove rise to immediate	DUE TO, ORAS A COS	MO H	ERAPY			
that the d by the lease remo	ther		couse (a), stating the underlying couse last	DUE TO, OR 3 A COA	SEQUENCE DE	-'s Lyi	nphome	2	
requires t en signed r Then ple or to burio	ılury.	NOIL	PART 2 OTHER SIGNIFICANT C	- HC108	MIA	_			
The low re tion. e hos been sit permit T	Sm X	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATION		YES NO	206. IF YES, WERE FINDIN IN CERTIFYING CAUSES YES [
TENDING PHYSICIAN The low pitol or attending physicions. TOR After this certificate has be for use as the buriol-transit permit for use as the buriol-transit permit of Health and Memol Physiene prin.	or Item 18 s	MEDICAL CE	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	H DAY YEAR		RRED (ENTER NATURE OF INJURY	; IN ITEM 18, PART 1 OR PART 2	
VDING PHY or attend t. After this ise os the bo	ked	MED	WHILE NOT WHILE AT WORK	218. PLACE OF INJURY (AT HOME, STREET, FACTORY,	13/	21f LOCATION STREET	CITY OR TOWN	N COUNTY	STATE
	21		22a.1 certify that (1) (this hospit saw the deceased alive an above, 1) (we) (did) (did not	03110	19 80 6		n death occurred on the do	te and hour and from the	
) a 0 0 0			226. SYGNATURE	Of alter	V	ATTENDING PHYSICIAN	MEDICAL STAF	118/1	SIGN/D
TO HOSPITAL verticationed by the TO FUNERAL D should be detoned by the should be detoned by the State D	MPORTANT		226 PHY PICURY'S NAME ITYPE OR	NO HL	MERI	SOORESS XX	91 H	250	
BP	_	(:	URIAL, CREMATION, REMOVAL PECEFYI Burial	3/1.7/80		emorial Pa	rk Baltimo	re Co	STATE
74 CDHMH-16 (VRA 15, 4)		24 FL Wm	. C. March F	/H 1101 E.	North	250. DA	R 1 4 1980	Sb. REGISTRAR'S SIGNAT	

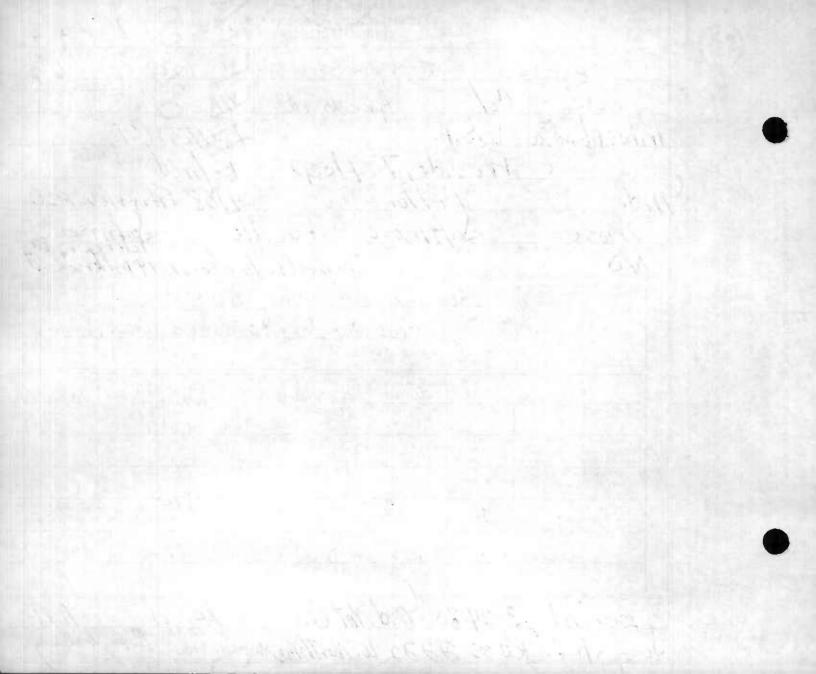




11	FOR				1 1 100
	- STATE REGISTRAR	DEPARTA	NENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	1001
1	DECEASED NAME FIRST	MIDDLE	LAST	THE DATE OF DEATH MONTH	DAY YEAR 25. HOUR
10.30	TYPE OR PRINT!	· 11 R	ICHARDSON		22 00 115
隐题)	JAMES	4 RACE	-,-	6. AGE (IN YEARS LAST BIRTHDAY)	F UNDER 1 YEAR F UNDER 24 HE
	MALE	BLACK	DATE OF BIRTH MONTH DAY YEAR 03 20 43	36 YRS.	MONTHS DAYS HOURS MIN
22100	BIRTHPLACE (STATE OR FOREIGN COUNTRY) Many Land	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED UNDOWED DOWNED DOWNED	BALTIMORE CITY OR COUNT	
38		11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET, UNIVERSITY	G HOME OR OTHER INSTITUTION	12R. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	126. KIND OF BUSINESS C
filled he wild be	SUAL RESIDENCE (IF NURSING HOME OR 38 STATE 136 COUN		N 134 INSIDE CITY LIMITS?	13R STREET ADDRESS 3807 Ridge	wood AVE 22
sho sho	FATHER'S NAME	AIDDLE LAST	15. MOTHER'S MAIDEN NA		
nd 2	EDWARD	BACOL	ELIZA	MIDDLE	RICHARDS
	R WAS DECEASED EVER IN U.S. AR		RITY NO. 17 INFORMANT	ADDRESS	
Pages 1, the n	(YES, NO OR UNKNOWN) (IF YES, GIVE	212-42-	2237 Berdella V	, Richardson	608 Ashburt
physiciar papers. F emoval. tic event,		ly ane cause per line for (a), (b), one		V Madad Coom	APPHOXIMATE INTERVAL BETWEEN ONSET AND DEA
he atten move ca emation, other tra	Canditians, if any, which gave rise to immediate	DUE TO, OR AS A CONSEQUE			
has been signed by the atten rrmit. Then please removes are prior to burial, cremation, nows any injury, or other tra	gave rise to immediate couse (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT C	DUE TO, OR AS A CONSEQUE		20a AUTOPSY? 20b IF Y	ES, WERE FINDINGS USED TIFYING CAUSES OF DEATH?
is been signed by the prior to burial, or ws any injury, or	gave rise to immediate couse (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT C	DUE TO, OR AS A CONSEQUE (c) ONDITIONS CONTRIBUTING TO C 196 CONDITION FOR WHICH	NCE OF DEATH BUT NOT RELATED TO THE TERM OPERATION WAS PERFORMED	200 AUTOPSY? 206 IFY	'ES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO
inclate has been signed by virture that been signed by the Hygiene prior to burial, or m 18 shows any injury, or	gave rise to immediate couse (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT CO 1% DATE OF OPERATION 216. ACCIDENT WAS UNDERLYING	DUE TO, OR AS A CONSEQUE 100 190 190 CONDITION FOR WHICH 210. TIME OF INJURY	NCE OF DEATH BUT NOT RELATED TO THE TERM OPERATION WAS PERFORMED 21c HOW INJURY OCCUR	20a AUTOPSY? 20b IF Y	'ES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO
tificate has been signed by ansai permit. Then please re Hygiene prior to burial, or em 18 shows any injury, or	gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT CO 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	ONDITIONS CONTRIBUTING TO CONDITIONS CONDITION FOR WHICH 216. TIME OF INJURY HOUR A.M. MONTH DA	OPERATION WAS PERFORMED 21c HOW INJURY OCCURING 19 21f LOCATION	200 AUTOPSY? 206 IFY	'ES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO
ECTOR: After this certificate has been signed by it of use as the burial-transit permit. Then please rest of Health and Mental Hygiene prior to burial, or an 21 is marked or Item 18 shows any injury, or	Gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT CO 17a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED WHATE NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED WHATE NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED WHATE NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED SAW THE deceased alive an, above, (II (we) (did) (did) and	DUE TO, OR AS A CONSEQUE 10) ONDITIONS CONTRIBUTING TO D 196 CONDITION FOR WHICH 216. TIME OF INJURY HOUR A.M. MONTH DA P.M. 218. PLACE OF INJURY 1AT HOME, STREET, FACTORY, OFFICE, F. 101) attended the deceased fram 3, 2, 3, 19, K.	OPERATION WAS PERFORMED OPERATION WAS PERFORMED	206 AUTOPSY? 206 IFY YES NO RED (ENTER NATURE OF INJURY IN ITEM 18	COUNTY STATE
OIRECTOR: After this certificate has been signed by hed for use as the burial-transit permit. Then please regent of Health and Mental Hygiene prior to burial, criff Item 21 is marked or Item 18 shows any injury, or	Gave rise to immediate couse (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT COUNTY OF THE COUNT	DUE TO, OR AS A CONSEQUE 10) ONDITIONS CONTRIBUTING TO D 196 CONDITION FOR WHICH 216. TIME OF INJURY HOUR A.M. MONTH DA P.M. 218. PLACE OF INJURY 1AT HOME, STREET, FACTORY, OFFICE, F. 10) attended the deceased fram 3, 2, 3 1) view the body after death.	OPERATION WAS PERFORMED 21c HOW INJURY OCCUR 19 21f LOCATION STREET 21g (and that in (my) (aur) apinian DEGREE MD - ATTENDING PHYSICIAN [Control of the term ATTENDING PHYSICIAN [Control of the term DEGREE MD - ATTENDING PHYSICIAN [Control of the term ATTENDING PHYSICIAN [Control of the term DEGREE MD - ATTENDING PHYSICIAN [Control of the term DEGREE	206 AUTOPSY? 206 IFY IN CERT YES NO	COUNTY STATE
O FUNERAL DIRECTOR: After this certificate has been signed by abould be detached for use as the burial-transit permit. Then please regirt the State Oept. of Health and Mental Hygiene prior to burial, or MPORTANT: If Item 21 is marked or Item 18 shows any injury, or	GOVE TISE TO immediate couse (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT CO 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING ON CONT	DUE TO, OR AS A CONSEQUE IC) ONDITIONS CONTRIBUTING TO D 196 CONDITION FOR WHICH 196 CONDITION FOR WHICH 216 TIME OF INJURY HOUR A.M. MONTH DA P.M. 218 PLACE OF INJURY 1AT HOME, STREET, FACTORY, OFFICE, F. 101) attended the deceased fram 3 / 2 3 1) view the body after death.	OPERATION WAS PERFORMED OPERATION WAS PERFORMED 21c HOW INJURY OCCUR 19 21f LOCATION STREET OPERATION DEGREE ATTENDING PHYSICIAN 22e ADDRESS UNIVERSAL	200 AUTOPSY? 200 IFY YES NO	COUNTY STATE
O FUNERAL OIRECTOR: After this certificate has been signed by inout be detached for use as the burial-transit permit. Then please rehaint has State Ospt. of Health and Mental Hygiene prior to burial, or MPORTANT: If Item 21 is marked or Item 18 shows any injury, or	Gave rise to immediate couse (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT COUNTY OF THE COUNT	DUE TO, OR AS A CONSEQUE 10) 196 CONDITION FOR WHICH 196 CONDITION FOR WHICH 196 CONDITION FOR WHICH 198 CONDITION FOR WHICH 199 CONDITION FOR WHICH 198 CONDITION F	OPERATION WAS PERFORMED 21c HOW INJURY OCCUR 19 21f LOCATION STREET 21f LOCATION STREET DEGREE ATTENDING PHYSICIAN [22e ADDRESS	28e AUTOPSY? 20b IFY YES NO NO NOTE IN CERT NO TOWN CITY OR TOWN 2 , to 3/2 3 death occurred an the date and he DIRECTOR PHYSICIAN STAFF	COUNTY STATE 19 D , that (1) (we) 1 22c. DATE SIGNED 23 / 23 / 8

ACRES AND MARKET STATE MISTAN BERGER CARLES BOUNDS SERVE STORY MENERY OF THE PROPERTY OF THE Market Contract on the State of alphabet The state of the s OSCI-S SAM _____ SHEEKS . FOR SILENCE THE BULL P

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG-NO DECEASED NAME 2s. DATE OF DEATH TYPE OR MINT nie A RACE 1.5EX AGE INVYEARS LAST BIRTHDAYS TE CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED | NEVER MARRIED | WIDOWED DINDROED [7] PURSING HOME OR OTHER INSTITUTION 29. KIND OF BUSINESS OR BONG OFFI INDUSTRY DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 OF MURSING HOME OR OTHER INSTITUTION DE COUNTY FAIr View Are. ATHER'S NAME 15 MOTHER'S MAIDEN NAM WEDLE IN WAS DECEASED EVEN IN U.S. ARMED FORCES SOCIAL SECURITY NO INFORMANT MACHOWN I (# YES, GIVE WAR OF DATES) BETWEEN CHAFT AND DRATH CAUSE OF DEATH (Enter only one course per lingujor in), (by and ic.) PART I. DEATH WAS CAUSED BY DUE TO, OR AS ACONSEQUENCE OF leronc Conditions, if any, which gove rise to immediate come in stating the DUE TO: OR AS A CONSEQUENCE OF underlying coune lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT MOT RELATED TO THE TERMINAL DISEASE OF CONDITION GIVEN IN PART 110-CERTIFICATION 0 prior 196 CONDINON FOR WHICH OPERATION WAS PERFORMED 201 IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 200 AUTOPSY IN CERTIFYING CAUSES OF DEATH? the burial-transit per and Mental Hygiene NOF YES [NO [sho 71g. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH Hem MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 19 211 LOCATION 21d. INJURY OCCURRED 21e PLACE OF INJURY orked or CITY OR TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STATE NOT WHILE AT WORK AT WORK 220.1 certify that (1) (this hospital) attended the deceased from sow the deceased blive on and that (my lour) opinion death occurred on the date and hour and from the causes stated obove (IV (we) (did) (did not) view the body ofter death 226. SIGNATURE DEGREE 721 DATE SIGNED \overline{a} ATTENDING * MEDICAL STAFF Should be deto with the State [PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS 230. BURIAL, CREMATION, REMOVAL 23h DATE 23d. LOCATION BP. 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIC NATURE UNERAL DIRECTO DHMH - 16 60M 1/75 NAME (VR A 15 (4))



Tolland . fartlor .balled Catherine Stoberdeen 212 26 2756 Marcaret Plekardaen

Surial Surial Page Remortal Cark Page allotown

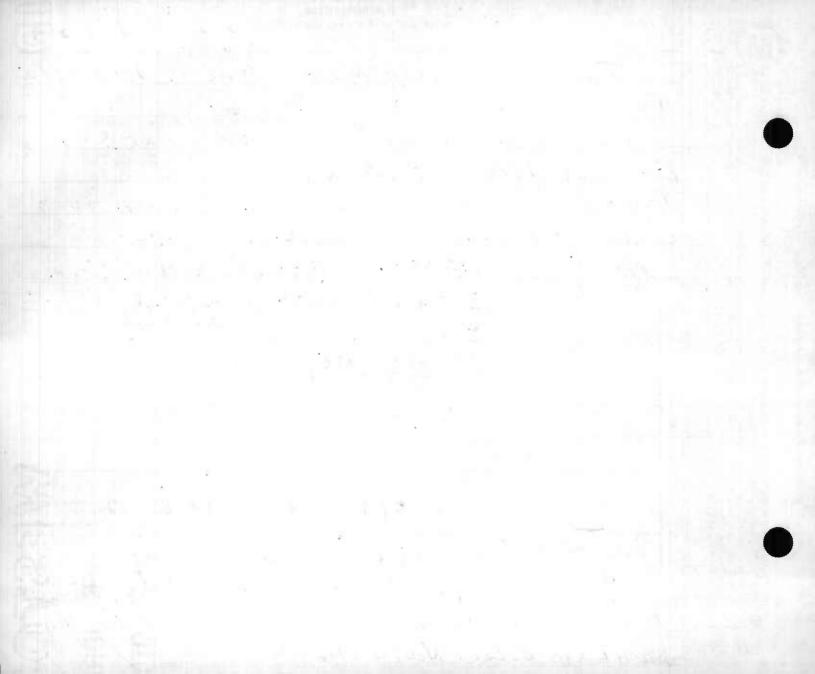
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

FOR

REGISTRAR

- STATE

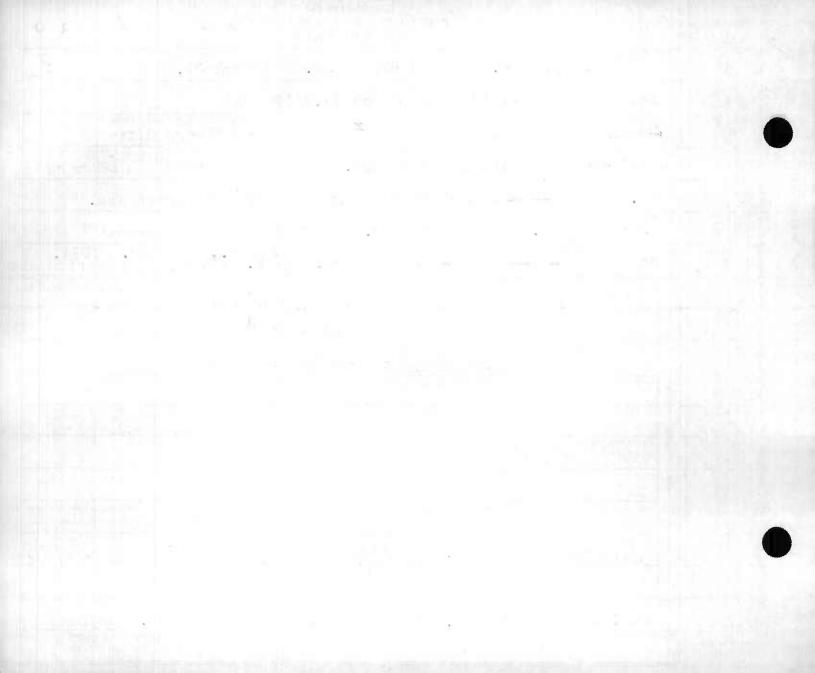


VID 1	STATE			ARTMENT OF	HEALTH A		ENTAL		66 2		0	7	0 6	5
I. DE	REGISTRAR	FIRST		DDLE EVALUIT	LA LA	ST	MIE	OF DE		REG. N	O. MONTH	H DAY	YEAR	26 HOUR
(TY	PE OR PRINT)	Mary	y E		Ri	icks			OF	ESTI- MATED X			7 19 80	
f. SE	x emale	4 RACE black	5. DATE OF BIRTH MONTH DAY JULY 6, 19	YEAR LAST BIRTHO	ARS IF UND		IF UNDE	R 24 HRS.	2c. DATE PRONOUI	NCED	MONTH 3	DA'	Y YEAR	2d. HOUR
F	SIRTHPLACE (51 OREIGN COUNTRY)	ARYLAND	75. CITIZEN OF WHAT		T _R	NEV	VER MAR		9. BALTIN	ORE CITY	_			
	Baltimo		11. NAME OF HOSPITA	L, NURSING HOM OPTAR Gro	E, OR OTHER	INSTITUT		12a. USI		PATION (TY		K 12b 1	CIND OF B OR INDUS	
3a S	AL RESIDENCE STATE LRYLAND	(IF IN NURSING HOME O		SIDENCE BEFORE ADMISS C. CITY OR TOWN ALTIMORE	13	Id. INSIDE CI	TY LIMITS?	13. STR 163.	EET ADDRI	SS LAR GI	ROVE	STR	EET	
I. F	ATHER'S NAME	NE D. CA	GER	LAST	1	S. MOTHE ANN	R'S MAIE	DEN NAME	A	G. JEN	NING	SS	LAST	
16a '		DEVER IN U.S. ARA	MED FORCES? 16	b. SOCIAL SECURIT 15-32-662		MRS.		SA J	MURI	ADDRES		D A	NNAPO	OLIS R
	429 Candition gave ris	ns, if any, which se to immediate	E CAUSE (a) AL LE.	riosclero A CONSEQUENCE		rdio	vasc	ular	disea	ise				
	lying cau	150	(c)	A CONSEQUENCE		R CONDITION	CMEN							
NTION	PART 2 OTHER SIG	se last. GNIFICANT CONDITIONS	(c)	OT RELATED TO THE TERM	MINAL DISEASE O			PART 1 (a),				20	AUTORS	v2
IFICATION	lying cau	se last. GNIFICANT CONDITIONS	(c)		MINAL DISEASE O			PART 1 (a).				. 20.	. AUTOPS	
CALCERTIFICATION	PART 2 OTHER SH	SE LOST. GNIFICANT CONDITIONS OPERATION AL CAUSE WAS	(c)	OT RELATED TO THE TERM	MINAL DISEASE O	S PERFOR/	MED?		NATURE OF IN	JURÝ IN ITEM 18	8 PART 1 OR		AUTOPS	
MEDICAL CERTIFICATION	PART 2 OTHER SIGNATE OF THE SIGNATURE OF	OPERATION COLORE WAS OG OR COLORE OF CAUSE OF C	(c) 196 CONDITION 216. TIME OF INJ HOUR A.M. MI P.M. 21e PLACE OF IN STREET FACTORY	OT RELATED TO THE TERM FOR WHICH OPEN URY ONTH DAY YEA 19 VJURY (AT HOME,	MINAL DISEASE O	S PERFOR/	MED?		NATURE OF IN CITY OR TO					
	Iying cau PART 2 OTHER SH 196. DATE OF 21d. EXTERNA UNDERLYING CONTRIBUTIN 21d. INJURY C WHILE AT WORK	OPERATION CAUSE WAS OPERATION CAUSE WAS CAUSE OF COCCURRED OCCURRED AT WORK My that I took charg	(c) 196 CONDITION 216. TIME OF INJ HOUR A.M. MO P.M. 21e PLACE OF IN STREET, FACTORY,	URY ONTH DAY YEA 19 VJURY (AT HOME, FARM, ETC.)	RATION WAS	N INJURY ATION EET Hamic TITLE (SI	MED? OCCURR	an XX		wn onner		PART 2) COUNTY apinian	YES	NO []
MEDICAL	PART 2 OTHER SIN 19a. DATE OF 21a. EXTERNA UNDERLYING CONTRIBUTI 21d. INJURY C WHILE AT WORK 22a. I certif death resulted ACTUAL SIGNATURE EXAMINER'S (TYPE OR PRIM	OPERATION CAUSE WAS OCCURRED NOT WHILE AT WORK Of that I tack charged fram: NAME	(c) CONTRIBUTING TO DEATH BUT N 196 CONDITION 216. TIME OF INJ HOUR A.M. M. P.M. 21e PLACE OF IN STREET, FACTORY, e at the remains described all causes XX Accompletes XXX Accomplete XXX Accompletes XXX Accompletes XXX Accompletes XXX Accompletes XXX Accomplete XXX	URY ONTH DAY YEA 19 VJURY (AT HOME, FARM, ETC.)	RATION WAS R 216. HOV 216. HOV Autopsy vicide	S PERFOR/ V INJURY ATION EET Hamic TITLE (SI	Inspectified PEGIFY S 1S 1	an XX Under	CITY OR TO	wn anner	and in my	PART 2) COUNTY apinian ENED	YES	NO .

Mail of Lights and S with the state of the same of the same of the same of the lightening

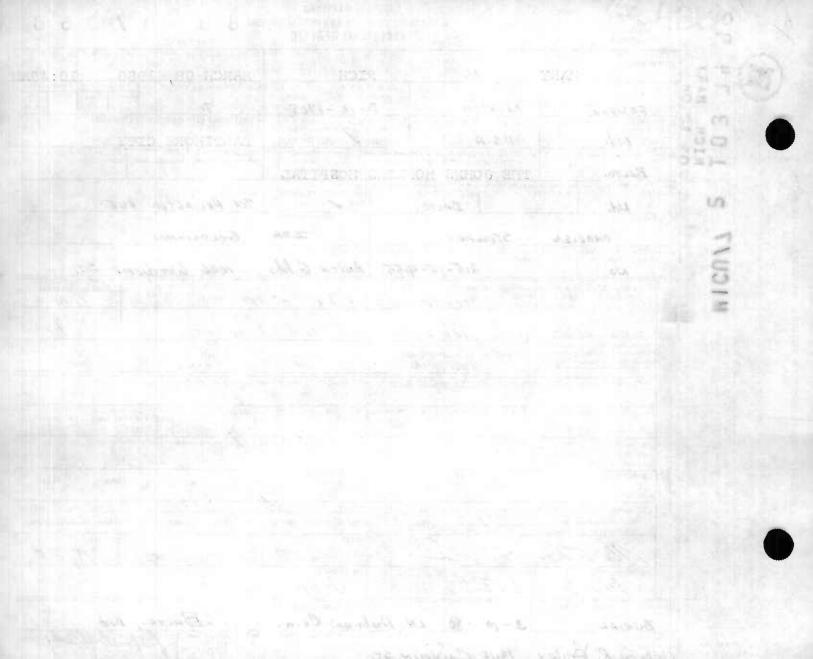
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR



1993 1992 28 1992	Section 1	
	1 7501 AS ANY SALE DATE	
	And the second	ondial busings
Early to the Land		
The true method but	Z committee	bulkerating
	ang masan	- nathanne
	220-or-year separate the	
	Altreation St. A. St.	
	1306.0	
		the second secon
The state of the s		Strate . rembends to a literature
builteral Court of the second feel of	5. 80 Rely Telegram theselog	(learn Daleger) Daleger)
	1. 1.312\.ovi. makes 10	MIL act to love Top. 178

N		١.	FOR	DEPAS		TE OF MARYLAND HEALTH AND MENTAL HYG	IENE A A	0.7	0	6 8
0		1.	STATE REGISTRAR			FICATE OF DEATH	REG. N	0 /	0	0 0
		1. DE	CEASED NAME FIRST	MIDDLE		LAST	20. DATE OF DEATH		YEAR	2b HOUR
PET-	>	(TYP)	ORPRINT)	Y M.		DICII	WA DOLL OF	7000		70.4574
e a la	4C 60	3. SE	MAR!	I RACE		RICH OF BIRTH	MARCH OF		DER I YEAR	10:452M
atte	E C	3. 52			MON	TH DAY YEAR		MONT		HOURS MIN.
nn.	26	1	FEMALE	NEGROID		3-10-1908	7/	YRS.	DEATH	
L .	82	/0 0	RTHPLACE (STATE OR FOREIGN OUNTRY)	76. CITIZEN OF WHAT COUNTR	MARRI	ED DEVERMARRIED	9 BALTIMORE CITY O	K COUNTY OF	DEATH	
	30 T		Md:	4.5.A.	WIDOW		BALTIMOR			MD.
-	504	10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR! (# NOT IN SUCH FACILITY, GIVE STR		OR OTHER INSTITUTION	120 USUAL OCCUPATI		ZII. KIND O NDUSTRY	F BUSINESS OR
	St.		BALTO.	THE JOHNS H						
e e	E		AL RESIDENCE (# NURSING HOME (STATE 1136 COL	OR OTHER INSTITUTION, GIVE RESIDENCE BEF		1 13d. INSIDE CITY LIMITS?	13. STREET ADDRESS			
n	ES		Md.	BALTO		YES IN NO	701 ARUNG	TON AU	E.	
,	xan	14. F	ATHER'S NAME			15 MOTHER'S MAIDEN NA	ME			
	多用		CHARLES	STEWART LAST		FIRST	GOLDSM	BNI	LAS	7
	- Ded	16a. \	WAS DECEASED EVER IN U.S. A	ARMED FORCES? 166 SOCIAL SE	CURITY NO	17 INFORMANT	ADDRE			
5	the	1 (YES, NO OR UNKNOWN) (IF YES, G	WE WAR OR DATES)	4155	ANITA Gibbs	1006 G	Joodiene	e. 51	
)	event,			110 1/3	7.	THOUTH BIDDS	1006 4	DOCUENE		MATE INTERVAL ONSET AND DEATH
- C			PART I. DEATH WAS CAUS	only one cause per line for (0), (b), SED BY.	in la	fibrillate	in	300	BETWEEN	MIN IN
υ·-	mati	100	IMMEDIA	ATE CAUSE (O) PENTY	· cuen	- Fromman	0/1			min
lou, ou	traumatic		4280	DUE TO, OR AS A CONSEC	/	and and	1 tomas	1.4	13	ha
	other	100	Conditions, if ony, which gove rise to immediate	(b) 180000	K Si	epsis and	hypotensio	<i>ν</i> ₁	7 6	- ///
	to ro	32	cause (o), stating the underlying cause lost	DUE TO, OR AS A CONSEC		a - time 1	+ n.s.		40.	ears
	>	100		(c) Chroni		congestion he	art tailli			
000	Ē	2	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING T	O DEATH BU	T NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN I	N PART 10	01
5	any	TON								
e pr	shows	CERTIFICAT	190 DATE OF OPERATION	1% CONDITION FOR WHI	CH OPERATIO	ON WAS PERFORMED	20a AUTOPSY?	106. IF YES, WE		
	8 sh] 🖁					YES NO	YES [но 🗆
Die .	Item 1	U	214 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D		DAY YEAR	216 HOW INJURY OCCUR	RED (ENTER NATURE OF INJUI	Y IN ITEM 18, PART 1	OR PART 2)	
	= 4	1	(IF EITHER, NOTIFY MEDICAL EXAMINE	ZEATH	19					
	kedo	MEDICAL	21d. INJURY OCCURRED	216 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFIC	or rapu erc)	211 LOCATION STREET	CITY OR TO	/N C	OUNTY	STATE
	nark	E	WHILE NOT WHILE AT WORK	(AT HOME, STREET, PACTORY, OFFIC	E, FARM, ETC.)	317661	CHIONIO			JIAIL
	is n		220 I certify that (I) (this has	pital) attended the deceased from	n	19_80	10 3/8		80	that (I) (we) last
5	n 21		sow the deceased alive o	on 3/8 19	80	and that in (my) (our) opinion	death occurred on the d	ate and hour and	d from the	couses stated
pt.	Iter		22b. SIGNATURE	not) view the body after death.		DEGREE			22c. DATE	SIGNED
e De			Marthe	N 75/2		ATTENDING	MEDICAL STA	F	3/8	150
Stat	A T	1	224 PHYSICIAN'S NAME (TYPE	: OR PRINT)		PHYSICIAN [DIRECTOR PHYSIC	IAN	70	70
with the Stat	THO		Martha	L. Ells		Johns	11-Alcins			
vitn	MPORTANT	-	1 dillo				Maple ins			
2	-	230.	BURIAL, CREMATION, REMOVA			CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	cou		STATE
_	-		BURIAN	3-10-80	UH. HL	IBURN CEM.			ud.	
16 2	25M	24. F	UNERAL DIRECTOR	ADDRESS		25e DAT	E REC'D. BY REGISTRAR	138. RECUSTAR	375000	Hody
41	1/79	1/1	Family P Brila	V 121/0 100110	1 4-	IMIAI	1 17 1300	0 /		



	100			STATE OF MARYLAND		
15	1.	FOR STATE REGISTRAR	DEPARTI	MENT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH	REG. NO.	7069
. (1)		CEASED NAME FIRST	WIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26. HOUR
	ITYPE	AUDREY	3.	RILEY	3 2	8 80 10 50
	3. SE		4 RACE	S. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 HRS
Ce.		Family 5	CAUC-	MONTH DAY YEAR	6/ YRS.	MONTHS DAYS HOURS MIN
at on	70. B	RTHPLACE (STATE OR FOREIGN	Th CITIZEN OF WHAT COUNTRY?	1	9 BALTIMORE CITY OR COUNT	TY OF DEATH
272	C	OUNTRY)	US	MARRIED NEVER MARRIED		
10	18 C	TY OR TOWN OF DEATH		WIDOWED DIVORCED DIVORCED DIVORCED	BALTIMORE 120 USUAL OCCUPATION	126. KIND OF BUSINESS OR
27			I IF NOT IN SUCH FACILITY, GIVE STREET	ADDRESS)	I TYPE OF WORK FOR MOST OF WORKING	LIFE) INDUSTRY
7/	-	BALTO.	MERCY HO	SPITAL	Homemaker	
35	13a :	STATE PIST COUR	VITY 13c CITY OR TOW		130 STREET ADDRESS 7477 Furnace Br	ranch Road Apt.
	14. F/	ATHER'S NAME	MADDIE - LAST	15. MOTHER'S MAIDEN NA		
20		Hanny	"5. Blankenship	Ethel	MIDDLE	Viers
		WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECU	IRITY NO. 17 INFORMANT	ADDRESS	
1		YES, HOOR UNKNOWN) IN YES, GIV	E WAR OR DATES) 280-20-72	278 Mr. William	H. Riley Same a	s 13e.
	-	IN CALISE OF DEATH (Enter on	nly one couse per line far (a), (b), on	dies		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	301	PART I. DEATH WAS CAUSE	D BY. 1 1	1-	10000	Zyears
		IMMEDIA'	TE CAUSE (a) ///O.T.a.S.T.	atic lung carel	110/118	- Jeans
		1629	DUE TO, OR AS A CONSEQUE	ENCE OF		
		Canditians, if any, which gave rise to immediate	(b)			
		cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUE	ENCE OF		
			((c)			
	z	PART 2 OTHER SIGNIFICANT	- (1 0 1	DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION G	IVEN IN PART 1(a)
	온	Chronic ob	structive full	OPERATION-WAS PERFORMED	28a AUTOPSY? 20b. IF Y	ES, WERE FINDINGS USED
7	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION-WAS PERFORMED	IN CERT	TIFYING CAUSES OF DEATH?
	Ē					YES NO
9		218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	- 110110 4 44 41011711 6	AY YEAR 21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18	I, PART I OR PART 2}
1	3	I IF EITHER, NOTIFY MEDICAL EXAMINER	P.M.	19		
	MEDICAL	21d. INJURY OCCURRED	216 PLACE OF INJURY LAT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.) 211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
	2	WHILE ONOT WHILE O				
		22a I certify that (1) (this hosp	ital) attended the deceased fram_	2/29 19 80		, 19 FO , that (I) (we) last
		saw the deceased alive an	3/28 19 of view the bady after death.	ond that in (my) (aur) opinion	death accurred an the date and he	our and fram the causes stated
		226. SIGNATURE	1	DEGREE		22c. DATE SIGNED
		Je ume 2	Xhudba mo	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	3/28/80
1		224 PHYSICIAN'S NAME (TYPE C	OR PRINT)	220 ADDRESS		
I		SNYDER	4	MERCY 1+	OSPITAL	
+-	230	BURIAL, CREMATION, REMOVAL	23b. DATE 23c.	NAME OF CEMETERY OR CREMATORY	123d LOCATION	
	130	SPECIFY) Burial			ing Baltimore	Manyland STATE
	24 F	UNERAL DIRECTOR ///C		me of Brooklyn 150. DA	TE REC'D. BY REGISTRAR 256 REAL	TRANS SICHATURE
VI 79	2	NAME	ADDRESS	the of Diworklyn	R 2 1980	May McCresdy
. 3	4	3/ East Patapse	o Avenue Balto.	, 11a. 21225 AF	1/ 6 1000 1	/ /

The second decidents and a supplied to the course comes in the start. the interpretation of the complete with the land of the land of the complete the co ST. WALL WORKSHOW REPORTS TO SO., Mr. 1995 APR 32 1980

03 - 18 - 80

HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE.

ADDRESS

FOR

BURIAL

DHMH-16 25M

(VRA 15, 4) 1/79

24. FUNERAL DIRECTOR

REGISTRAR

- STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

MOST HOLY REDEEMER

21229

REG. NO.

BALTIMORE CEN

1980

25e. DATE REC'D. BY REGISTRAR 25h

IF UNDER 24 HRS

NO I

MARYLAND

STATE

SENTANO I - E BOR O TATO DE OROS ESTUDIOS DE CONTRA LA CONTRA DE C The Talence for the stage and it is to - 1-it Aller Description Control DELIVERY TO IT THE SECTION A BANG TO THE SECOND STATE OF THE SECOND STATE

1	1.	FOR STATE REGISTRAR		DEPAI		EALTH AND MENTAL	HYGIENE	REG. NO.	70	7 1
		DR PRINTS	RST	MIDDLE		AST		ATE OF DEATH MONTH	DAY YEAR	2b HOUR
d vov	1.58		reston	W.	5. DATE C	ppeon F BIRTH		March 13, E (IN YEARS LAST BIRTHDAY)	1980 IF UNDER 1 YEAR	IF UNDER 24 HRS
4 4 4		Male		ite	Jan	DAY YEAR		. and	MONTHS DAYS	HOURS MIN.
oth. Poor 72 hours.	7a BI	RTHPLACE STATE OR FOREIG		F WHAT COUNTR	Y? 8 MARRIEI	NEVER MARRIED	9.BAI	LTIMORE CITY <u>OR</u> COU	NTY OF DEATH	
deot thin 7		TY OR TOWN OF DEATH		3071	WIDOWE	DIVORCED.	4-1	Baltimore ISUAL OCCUPATION		MD. OF BUSINESS OR
201 by the filed wi	B	altimore	(IF NOT IN 9	9 S. har	Les St.	Balto Md.	(TYPE C	of work for most of working Shureme	INDUSTRY	OF BOSINESS OR
AND 21:	13p. S	AL RESIDENCE (IF NURSING) TATE 136.	OME OF OTHER INSTITUTE COUNTY	ON, GIVE RESIDENCE BEI		136 INSIDE CITY LIMIT	S? 130 S1	TREET ADDRESS, 609 S. Charle	es St.Bal	to.Md.
MARYLA ed within mpletely ond 2 sk	14 FA	THER'S NAME William	WIDDLE	Rippeur	ı	15. MOTHER'S MAIDEN		MIDDLE	Fogle	эт
e executed no and camp Pages 1 armedical ex		VAS DECEASED EVER IN L (ES, NO GRUNKNOWN) (IF	J.S. ARMED FORCES YES, GIVE WAR OR DATES)	? 16b. SOCIAL SE 213-24-9	CURITY NO.	Mrs. Brenda		Lines, 3453 A	Plumtree	icott (t
201 W. PRESTON ST., state that the deoth certificated by the attending phylosose remove carban prior), cremotion, ar remo, ar other troumotic even		Conditions, if ony, wh gave rise to immedi- couse (a), stoting	AEDIATE CAUSE (o) DUE TO, sich (b), ate the ast. DUE TO, (c)	OR AS A CONSEC	QUENCE OF	YSTEMIC	me		CIVEN IN DAOT IV	
L RECORDS, n. n. has been sign permit. Then permit and prior to bu	CERTIFICATION	190. DATE OF OPERATION				N WAS PERFORMED	20a	AUTOPSY? 206. IF	YES, WERE FINDIN	NGS USED
N OF VITA SICIAN: Th ng physicia certificate uriol-tronsit Vental Hygie Item 18 sho		210. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSI (IF EITHER, NOTIFY MEDICAL EX.	E OF DEATH HOUR	OF INJURY A.M. MONTH P.M.	DAY YEAR	21c. HOW INJURY OC		NTER NATU RY IN ITEM		
DIVISION NG PHYSI offer this ca stree buri th and Mer	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	ZAT HOME	CE OF INJURY STREET, FACTORY, OFFIC	E, FARM, ETC.)	211 LOCATION STREET		CITY OR TOWN	COUNTY	STATE
TTENDIN TTENDIN CTOR: At for use a of Healt		22a.1 certify that (1) (thus sow the deceased a above, (i) (we	live on 3	2-10 19		d that in (my) (our) opi	17, ta inian deoth a	accurred on the date and	hour and from the	that (I) (wellast couses stated
TAL OR A by the hose RAL DIRECT detached tote Dept.		Bell-	Kuperd	1	ju		NG MED AN DIRE	DICAL STAFF	3//	SIGNED
TO HOSPITAL (retained by the TO FUNERAL should be deta with the Store E IMPORTANT: #		BERNAR	n S. 1					c Anis Bu	6 MAC	ro Kld.
2302 BP	(BURIAL, CREMATION, REM SPECIFY) Burial				emetery or cremator ven Mem. Pan	ory 23d	LOCATION Len Burnie, f	1.A.Co.Mai	ruland
DHMH - 16 50M 7/77 (VR A 15 (4))		July Funera	L Home, 130	O E. FORT	Ave.Ba	lto.Md.	MAR 1	D. BY REGISTBAR 256. R	Page NEWA	DRES

	The state of the s		
11 / 12 / 1			
	tomme to the second		
	nume any to an amount.		no minde
		and the last	
	(1991, Sandan L. Salare 1995)	T(0 = 0 = 0.5)	
	- MATERIAL SECTIONS	2 M. 42 42 59 F	
	The state of the s		
	AND THE PROPERTY OF		

	1			STATE OF MARYLAND		
~	1.	FOR STATE REGISTRAR	DEPARTA	AENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO	07072
(MI)		CEASED NAME FRST OR PRINT) SARAH	MIDDLE .	RITTER		3 17 80 500 A
ge 4 may	3 SE		I RAÇE	S DATE OF BIRTH MONTH DAY YEAR 4	6 AGE (IN YEARS LAST BIRTH	
heral dire		RTHPLACE (STATE OR FOREIGN 7	LOS. A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY OF	COUNTY OF DEATH
urs after on the fur st be note.	10 C	BALTO.	11. NAME OF HOSPITAL, NURSIN	IG HOME OR OTHER INSTITUTION	126 USUAL OCCUPATION OF THE ME ME MA	DN 126 KIND OF BUSINESS C
filled in by uld be filed on by uld be filed on by with the beat filed on by the beat filed on beat	USU 13a.	AL RESIDENCE (IF NURSING HOME OR C STATE MD. 136, COUNT	THE PATITUDON ONE RESCENCE WONE TY THE PATITUDON ON TOWN	H 134 INSIDE CITY-LIMITS?	130. STREET ADDRESS	orlev AVE 2120
npletely ad 2 sho	14. F/	ATHER'S NAME FIRST UNM	ENOWN LAST	15. MOTHER'S MAIDEN NAI	IN KNOOLE	LAST
n and correspond to the med	16a \	NAS DECEASED EVER IN U.S. ARM YES, NO OR UNKNOWN) (IF YES, GIVE		RITY NO. 17 INFORMANT	WER 194	1 CODD AVE.
aw requires that the death cert een signed by the attending ph Then please remove carbon pa or to burial, cremation, or rem any injury, or other traumatic	NO.	Conditions, if ony, which gave rise to immediate cause (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT CO	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) ONDITIONS CONTRIBUTING TO	2 INSUFFICIENCY		DITION GIVEN IN PART I (0)
is b prift.	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY?	200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
PHYSICIAN: The physician. this certificate ha urial-transit perm i Mental Hygiene d or Item 18 sho	MEDICAL CERT	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTHY MEDICAL EXAMINER) 21d. INJURY OCCURRED	P.M. 21e PLACE OF INJURY	19 211 LOCATION		
rTENDING Poll or attending II or attending TOR: After thus as the bur Health and M	M		(AT HOME, STREET, FACTORY, OFFICE, 6	October 21, 199-	city or tow	
AL OR AT he hospita AL DIREC tached for the Dept. of Item		sow the deceosed glive on above (11) we) (did) (did not 12% SIGNATURE KICHARA 7	wiew the body alter dedth. Mc Clough	DEGREE ATTENDING PHYSICIAN [MEDICAL STAF	F 224. DATE SIGNED
TO HOSPIT retained by to FUNER/ should be de with the Stat IMPORTAN		RICHARD T	M'CG/ACIGHL		TERN AVE	BALTO. Md
C/BP	230.	BURIAL, CREMATION, REMOVAL SICIFY) BURIAL	3-19-80 Si	NAME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	BALTO CO. SIM
DHMH-16 25M	24. F	UNERAL DIRECTOR	1 1100 ROBESS	TENSTO CON RD 250. DAT	E REC'D. BY REGISTRAR	25b. REGISTIBAR'S SIGNATURE

B4270 CITT CHUTCH HEEP, THE SHIP BOTO FOR CARROWN CONTRACTOR 215 52 3154 EDWIND GIVER 1911 CODD RIVE BORIAL BAPAR SATER HILLER

FOR - STATE

REGISTRAR

Baltimore Citu 12h KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY LAST Relnord APPROXIMATE INTERVAL PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 20h. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO T 214 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) COUNTY STATE March 13. and that in (Ky) (aur) apinion death occurred on the date and haur and fram the couses stated 27: DATESIGNED PHYSICIAN | DIRECTOR | PHYSICIAN c/o Maryland General Hospital COUNTY STATE 250. BATE REC'D. BY RECYSTRAR 256. DECEMBER 1 24. FUNERAL DIRECTOR ADDRESS DHMH-16 25M (VRA 15, 4) 1/79 Dabrowski & Son 2818 E. Baltimore St

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENS

CERTIFICATE OF DEATH

REG NO

2h HOUR

HOURS

IF UNDER I YEAR

DAYS

10:40Pm

IF UNDER 24 HRS

and the same					
10:40	DARS LEL STAM	Pipers	- 18		
			.5		
		Water Barrier			
	15 2) -1 -1 -7 -5		0 0 0		
		Assignor La	aroland comer	with serio	ande ko laga di
	. 37				- 1
1 5,000					
		200327 030	1000		
		ed Abonen/Sontke	Der orac		
		nolisilkani	Strigit P		
		3VA 31	est of the lat	1190 II	
	THE PARTY OF THE P	Waren 12, "##			
		7, 0	inch 13)		
				7.7.1	
	Indicated Months Be				
	THE PART AND DESCRIPTION AND PROPERTY OF STREET	THE R. P. LEWIS CO., LANSING, MICH.		G.E. Litt. N.D.	

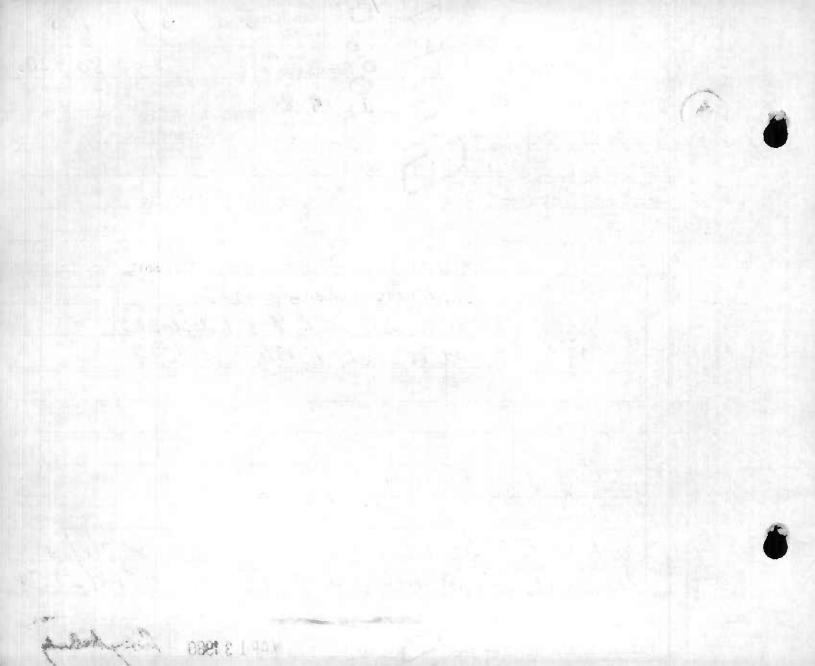
AND TO CAM		
	docton one file	
The second second		
The state of the s		
SAVE THE SAVE	CHECK CONTROLS	
DOLEK BUSINESS	S NEW AGE OF THE K	
6 1718 26 80	MEN II SEED T	N.
V 100 2312		
Jan 41.67 45 20.10 W	CERTIFICATION TO THE B	House H.
The second of	general rela	P.M. B.C

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. DECEASED NAME 2n DATE OF DEATH YEAR 26 HOUR TTYPE OR PRINTS HEDBSA E. 80 11:5 LPM 3 SEX 6 AGE (IN YEARS LAST BIRTHDAY) Female White July 1899 TO BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED U.S.A. BALTIMORE Virginia WIDOWEDX I CITY OR TOWN OF DEATH 1. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12h KIND OF BUSINESS OR HE NOT IN SUCH FACILITY GIVE STREET ADDRESS (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY BALTIMORE UNION MEMORIAL HOSPITAL Seamstress Tailor USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13h COUNTY 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 13c CITY OR TOWN Maryland Baltimore 3119 Royston Ave. YES X 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST LAST (UNKNOWN) (UNKNOWN) 21213 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 215-22-2731A Dolores R. Canby, 3780 Bonview Ave. 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY UPTURED 4BDOMINA IMMEDIATE CAUSE 10 DUE TO, OR AS A CONSEQUENCE OF VASCULAR DISCASS Canditians, if any, which ATHEROSCLEROTIC gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 160 CERTIFICATION 90 DATE OF OPERATION 19h. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20n AUTOPSY? IN CERTIFYING CAUSES OF DEATH? HERTIC HNEURSAYES [] NOL 21h TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e. PLACE OF INJURY 211. LOCATION CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from and that in (my) (aur) apinian death accurred on the date and haur and from the causes stated saw the deceased alive an_ abave, (1) (we) (did) (did not view the bady after death 22b. SIGNATURE DEGREE ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN MPORTAN 22d. PHYSICIAN'S 22e ADDRESS UNION MEMORIAL HOSP. VALENZIANO 23a BURIAL CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Burial Mar.15,1980 Parkwood Parkville, Balto Md. ROBERTECE. ALTENBURG FUNERAL HOME, INC. DHMH - 16 60M 1/75 (VRA 15 (4)) 6009 Harford Rd., Balto., Md.

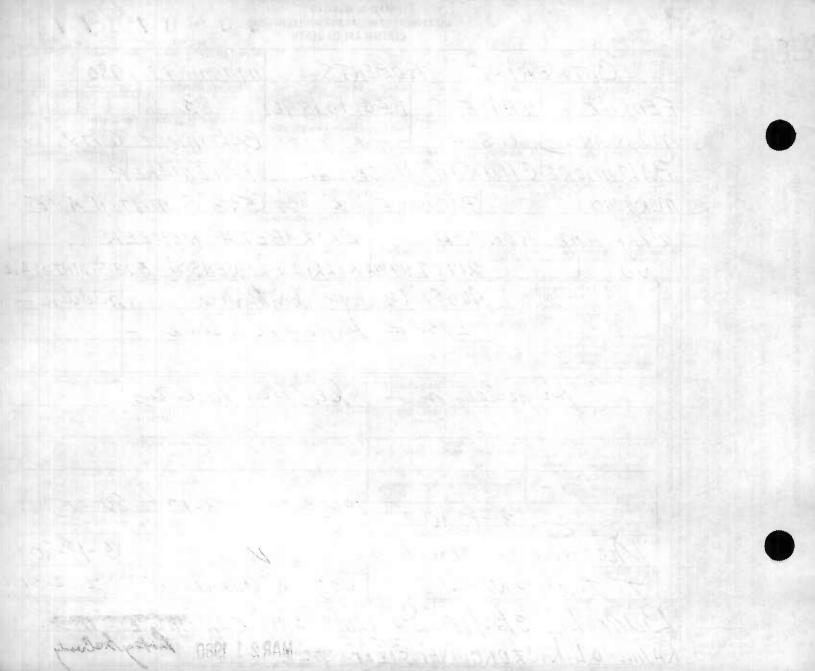
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND

with the state of And marryon this constituted to the burling 215-27-27311 Dolone W. Cally . 2700 Hamyle N. . The Letter meet their profit of the 1/69 made to a superior to the transfer of the Line and the state of the state TITEVILLE PRODUCTION DESCRIPTION OF STREET

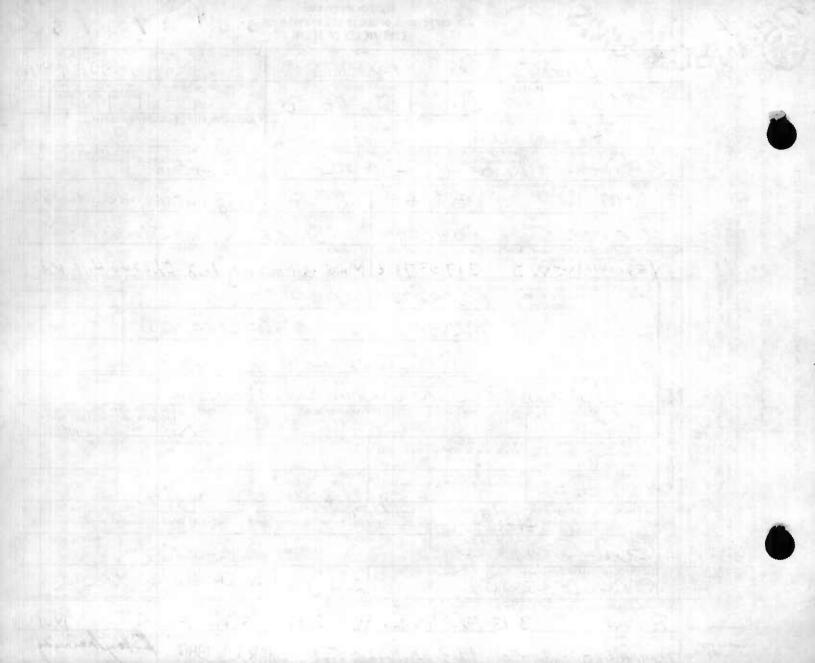
DEPARTMENT OF HEALTH AND MENTAL HYGIENE [] - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. DECEASED NAME MIDDLE 2a DATE OF DEATH 26 HOUR (TYPE OR PRINT) Ida 3. SEX 5 DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) DAYS HOUR5 KXX White Female 90 To BIRTHPLACE ISTATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH COUNTRY MARRIED NEVER MARRIED U.S.A. Ohio Baltimore City WIDOWEDXX DIVORCED T 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 10 CITY OR TOWN OF DEATH 120 USUAL OCCUPATION 12h KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Baltimore City Hospitals Baltimore Housewife DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ISUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS Maryland Baltimore Dundalk 67 Admiral Blvd. 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE FIRST MIDDLE Frederick Veil Elsaccer Maria ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 213/07/8820 No Dorothy R. Slade 3213 Abrell Ave. Balto APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 8 CAUSE OF DEATH Enter only one couse per line for (a) 4b and a PART I. DEATH WAS CAUSED BY Conditions, if ony, which gove rise to immediate couse (0), stating the underlying cause ö PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED ă, IN CERTIFYING CAUSES OF DEATH? Нудзеле NO NO F YES [71g. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING __ CAUSE OF DEATH and Mental MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P M 19 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION 20 AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE marked NOT WHILE AT WORK this hospital) attended the deceased tro and that is (our) opinion death occurred on the date and hour and from the causes stated (did) did not view the body after death DEGREE 22c. DATE SIGNED 生 ATTENDING MEDICAL uld be deta h the State [PHYSICIAN DIRECTOR PHYSICIAN MPORTANT: PHYSICIAN'S NAME (TYPE OR PRINT 22e ADDRESS Shoul with 23a BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE 23d LOCATION COUNTY Cremation 3/8/1980 Loudon Park Cemetery Baltimore, Maryland 24 FUNERAL DIRECTOR DHMH - 16 60M 1/75 ADDRESS (VR A 15 (4)) Walter Brooks Bradley Inc. Balto.



	1			STATE OF MARYLAND		
	1	FOR STATE REGISTRAR	DEPAR	TMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE ()	07077
		CEASED NAME FIRST	WIDDLE	LAST		MONTH DAY YEAR 26. HOUR
be 3	(TYP	EORPRINTI CATHA	FRINE	ROBERTS	MARNH	17 1980
may be page 3	3 SE	X	4 RACE	5 DATE OF BIRTH	6. AGE (IN YEARS LAST BIRT	HDAY) IF UNDER 1 YEAR IF UNDER 24 HRS
n. Page 4 m director, E durs after at once.	E	EMALE	WHITE	DEC. 101896		YRS. MONTHS DAYS HOURS MIN
th. F		IRTHPLACE (STATE OR FOREIGN OUNTRY)	Th CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED	BALTIMORE CITY O	R COUNTY OF DEATH
funeral him 72 h	12	MARYLAND	U.S.A.	WIDOWED DIVORCED	BALTIM	ARE QITY M
by the fur ed within	7	31/TIMDEE	11. NAME OF HOSPITAL, NURS	ING HOME OR OTHER INSTITUTION ET ADDRESS) PLOT A	TO USUAL OCCUPATE	
H = H	USU	AL RESIDENCE (# NURSING HOME O	ROTHER INSTITUTION, GIVE RESIDENCE BEFO	ME ADMISSION)	1 10111611	HILEN
within 24 itely filled is should be examiner in	14	ARYLAND 136 COU	NTY 13 CITY OR TO	MARE YES NO [523 S	MILTON AVE
d witi	14 F	ATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN NA	AME	LAST
at de So	4	VILLIAM	HORSCH	ELIZAB	FTH K	OHLER
d cor		WAS DECEASED EVER IN U.S. AF	MED FORCES? 166 SOCIAL SEG	URITY NO. 17 INFORMANT	ADDRE	SS
an and an and Pages Pages t, the m		110	21707	0494X LILLIAN	LOWENSON	V 523 S. MILTON
e asc a		IR CAUSE OF DEATH (Enter of	nly ane cause per luit far (a). (b).	ond in A so bene	/ "	APPROXIMATE INTERVAL BETWEEN ONSE AND DEATH
			nly ane couse per lun far (a), (b), of BY.	(and AC (In	Thorned	suddlen -
0 0 2 2 0		41110 IMMEDIA	TE CAUSE (o)		B-1-	
		Conditions if any which	DUE TO, OR AS A COMEO	313 Miscarde	el Isdean	ev -
that the der yy the atten e remove ca c remation, or other tra	100	Canditians, if any, which gave rise to immediate	(b)	1		
i cre		cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEO	UENCE OF		
ed eas	100		(c)			
0 0	Z	PART 2 OTHER SIGNIFICANT	ONDITIONS CONTRIBUTING IC	DEATH BUT NOT RELATED TO THE TER	O - MAIN OF CON	OLO SIVEN IN PART 1161
as been shift. The prior to	CERTIFICATION	198 DATE OF OPERATION	19h CONDITION FOR WHIC	H OPERATION WAS PERFORMED	20a AUTOPSY?	206. IF YES, WERE FINDINGS USED
a a = a = =	FIC	THE DATE OF OFERATION	The condition tok wind	TOTERATION WAS TENTONNED		IN CERTIFYING CAUSES OF DEATH?
NG PHYSICIAN: The rading physician terms certificate has the burial-transit perm he burial-transit perm and Mental Hygiener and earled or Item 18 sho	1 2	21a. ACCIDENT WAS UNDERLYING	7 216. TIME OF INJURY	21c HOW INJURY OCCUP	YES NO	YES NO
SICIAN hysician certifica transit and Hyg		OR CONTRIBUTING CAUSE OF DE			KED (ENIER NATURE OF INJUI	TIN HEM IS, PART CORPART 2)
PHYS ng phy his ce urial:t Ment d or I	ŏ	(IF EITHER, NOTIFY MEDICAL EXAMINER		19		
DING PHYSICIAN ttending physician. After this certificat st the burial-transit is th and Merela Hygig marked or Item 18	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	21f LOCATION STREET	CITY OR TOV	VN COUNTY STATE
DE APER	`	AT WORK		ح بمبا		Cu
TTENDI of atte TOR: A use as t Health			ital) attended the deceased from	1900		190 , 1 (at (1) (we) la
ATT Dital		now the deceased alive or	at view the body after death.	and that is (my) (aur) opinion	death accurred on the de	ate and haur and from the causes stated
AL OR AT the hospital AL DIRECT trached for ute Dept. of I T: If Item 2	1	224 SUBNITURE	/	DEGREE	. /	224 DATE SIGNED
SPITAL OR by the hosp ERAL DIRI e detached is State Dept.		1/ neoder	e / Merce	A ATTENDING PHYSICIAN	DIRECTOR PHYSIC	13-/1-10
Star Star		224 PHYSICIAN'S NAME (TYPE C	OR PRINT)	22e_ADDRESS	201/ 01	C
TO HOSPITAL OH AT retained by the hospita TO FUNERAL DIREC should be detached for with the State Dept. of MIMPORTANT: if Item		T. T.D	17N/K	479	Cherler	18 2/23/
TO HOSPI retained by TO FUNER should be d with the St IMPORTAL	22.		I DATE 1 I I 22	MANAE OF CEMETERY OR CREMATORY	DIN LOCATION .	
	230.	BURNAL, CREMATION, REMOVAL	236. DATY 1000 13	THE OF CEMETERY OR CREMATORY	Q 8 19 M	ATATE
BP	6	JUISTAN	D/d2/1780	JANKHUN CIM	1246/19	TUCE IND.
DHMH-16 25M	24 5	UNERAL DIRECTOR	ADDRESS !	2525	P 9 1 1000	hopen haben
(VRA 15, 4) 1/79	1	AYMINI) L.KA	(C. 7 1) R1) (1) (F)	ELFFT STIMA	N & 1 130U	, , , , , , , ,



(M)	3 6	3	1 -	FOR STATE REGISTRAR		DEPART	MENT OF H	EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO.	0 7 8
, and a	page 3 death			CEASED NAME FIRST ERNES		AIDDLE	Ri	AST BERTS	20. DATE OF DEATH MONTH DA	80 1NA
age 4 ma	rector, pa	оисе.	3 SEX	M	4 RACE	3	5 DATE C		60 YRS.	FUNDER I YEAR I I FUNDER 24 MRS ONTHS DAYS HOURS MIN
Geath.	uneral di in 72 hou	stiffed at	C	DUNTRY) MAD	US,	WHAT COUNTRY?	WIDOWE		Bolty were	City MD.
201	in by the f filed with	SE Band	1	30 Lucie	UN O	F HO.	HOSE	PITAL	170 USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKING JIFET	126. KINDÆF BUSINESS OR INDUSTRY
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 IDING PHYSICIAN: The law requires that the death certificate be executed within 24 hour	y filled ir ould be f	mine.	13a S	TATE MO 138 COUN	OTHER INSTITUTION,	13c SITY OR TOW	VN -	13d. INSIDE CITY LIMITS? YES NO		tice road
, MARY	ompletel	3 (8 / S		GEONGE	MIDDLE	Rosen	S	DAISE		SBURY
TIMORE to be exe	ian and c	nt, the m		VAS DECEASED EVER IN U.S. AR ESCHOOR UNKNOWN) (IF YES, GIVE VASUO) W.M.	WAR OR DATES)	217-03	7302	MARY WIMA		
ST., BAL	ig physic in papers	natic ever		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE IMMEDIAT	nly ane cause per D BY TE CAUSE (a)	line for 101, 161, or NESPINA	TONY	FAILURE		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ESTON he death	attendin we carbo	ier traum		Conditions, if any, which	DUE 10, OF	RAS A CONSEQUE		LUNG IN	FILTRATES	
or W. PR	d by the	y, or ather		gave rise to immediate cause (a), stating the underlying cause last	(c)		LCA		OF LUNG.	
SRDS, 20	een signe Then ple	ue l	NOIL	PART 2 OTHER SIGNIFICANT OF	CONDITIONS CC	CC CA/	-		THE CUNE	
AL RECO	n. ate has be permit.	Shows	CERTIFICATION	190. DATE OF OPERATION		TION FOR WHICH	OPERATIO	N WAS PERFORMED	YES NO NO YES	
ON OF VITA	physician. s certificat al-transit pental Hygi	or fte		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOT IFY MEDICAL EXAMINER)	HOUR A.	M. MONTH D	AY YEAR		RED (ENTER NATURE OF INJURY IN ITEM 18, PAI	RT T OR PART 2)
NOISING PE	After s the b	marked	MEDICAL	214. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE ((AT HOME, STR	OF INJURY EET, FACTORY, OFFICE,	FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
ATTEN	ital o	em 21 is		22a.l certify that (I) (this haspi saw the deceased alive an above, (I) (we) (did) (did no	2 1 2/182	1	, at	nd that in (my) (aur) apinian	death accurred an the date and haur	9, that (I) (we) last and from the causes stated
	the tac	NT: If Item		Galsa C	e a	dip		DEGREE ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	224 DATE SIGNED
Jason O	FUN uld b	IMPORTANT:		22d. PHYSICIAN'S NAME (TYPE O	JON G	14		22 S GRER	ne St Books.	Md 21201
7 (Li	BP - eta	2	23a. E	SURIAL, CREMATION, REMOVAL		Jes A	NAME OF C	EMETERY OR CREMATORY	133d. LOCATION CITY OR TOWN BARNIC	OUNTY STATE
10/0	DHMH-16 (VRA 15,			INERAL DIRECTOR NAME (AIMH L. BROW)	VY-SON	ADDRESS	, Ba	16 ST M	AR 1 1 1980	AR'S SIGNATURE



DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

Letter Perfect of the CRAFTS CONTRACTOR OF STATE Carrier Service of Commence He theorem somet son short that 24 arest to Rasman Sa status L. Hackery J. 11.1156.4 YES WILL TO COM OPER The Vigner of Blown see Sul Work Col Standard 34.1800 Helder Hamaid & Porte The the the second will be with a second the second the

1		FOR STATE	D	EPARTMENT OF H	EALTH	AND MENTAL HY	GIENE	1 / 1	J 8 U
		REGISTRAR	MED	ICAL EXAMINI	ER'S C	ERTIFICATE OF	DEATH REG.	NO.	
		CEASED NAME FIRST OR PRINT)	2)	WIDDLE		LAST	20. DATE KNOWN	MONTH	DAY YEAR 2b. HOU
	,,,,,	Vennie	(Novel)	la)	Ro	binson	OF ESTI- DEATH MATED	<u> </u>	9 19 80
3	. SEX		5. DATE OF BIRTH	YEAR LAST BIRTHDAY	RS IF UN	IDER 1 YR. IF UNDER 2	4 HRS. 2c. DATE	MONTH	DAY YEAR 74 HOU
	For	nale Black	10 6	17 62 YRS	· moran	S DAYS HOURS	MIN. PRONOUNCED DEAD	3	9 19 80 8:3
7	a BII	RTHPLACE (STATE OR REIGN COUNTRY)	76. CITIZEN OF WHA		_	ED NEVER MARRIE	9. BALTIMORE CIT	OR COUNT	
0	roi	N.C.	USA		WIDOW		Balti	more C	ity.
1	0. C1	TY OR TOWN OF DEATH	11. NAME OF HOSP	ITAL, NURSING HOME,			120. USUAL OCCUPATION (126. KIND OF BUSINESS
)		Baltimore		Wolfe Street ADDRESS)	at-		FOR MOST OF WORKING LIFE)		OR INDUSTRY
Ų	JSUA 3a. S1	L RESIDENCE (IF IN NURSING HOME C	R OTHER INSTITUTION, GIVE	RESIDENCE BEFORE ADMISSIO	N)				
		MD	I Y	Baltimore	9	YESX NO	904 N. Woli	e Str	eet
	4. FA	THER'S NAME FIRST	MIDDLE	LAST		15. MOTHER'S MAIDEN	I NAME MIDDLE		LAST
1		Andrew		Vilson		Dora	Turner		Wilson
ľ	(YE		MED FORCES? WAR OR DATES)	16b. SOCIAL SECURITY		17. INFORMANT	ADDRE		
L	1	No			796	Preston R	obinson 240)6 Jef	ferson St
L	D	18 CAUSE OF DEATH (Enter on PART I DEATH WAS CAUSED							APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	-		E CAUSE (a) Art	eriosclero	tic	Cardiovascu	lar Disease	EVE T	
		4272	DUE TO, OR A	S A CONSEQUENCE O	F				
		Canditians, if any, which gave rise to immediate	(b)			10			
		cause (a) stating the <u>under-</u> lying cause last.	DUE TO, OR A	S A CONSEQUENCE OF	F				
			(c)						
		PART 2 OTHER SIGNIFICANT CONDITIONS	ONTRIBUTING TO DEATH BL	T NOT RELATED TO THE TERMIN	AL OISEASE	OR CONDITION GIVEN IN PART	1 (a).		
	CERTIFICATION								
	S	19a. DATE OF OPERATION	19b. CONDITIO	ON FOR WHICH OPERA	TION W	AS PERFORMED?			20. AUTOPSY?
	E								YES NO
		218. EXTERNAL CAUSE WAS	11b. TIME OF I	NJURY MONTH DAY YEAR	21c. HC	W INJURY OCCURRED	LENTER NATURE OF INJURY IN ITEM	18 PART 1 OR PAR	(2)
	MEDICAL	CONTRIBUTING CAUSE OF D	EATH P.M.	19					
	Q P	WHILE ON NOT WHILE		INJURY (AT HOME,		CATION	CITY OR TOWN	COU	NTY STATE
	4	WHILE AT WORK AT WORK	3	or, crack, CNL,			CITORIOWN	COU	STATE
		22a. I certify that I took charge	of the remains descr	ibed abave held as	Autaps	y , Inspection	X, Inquiry .	and in my api	nian
					ide .	Hamicide .	Undetermined manner	1	лидт
		dealii resoned fraiii: [Ngiur	arcauses (A), /	accident [], Suic	ide L		Undetermined manner	1,	
	3	ACTUAL SIGNATURE Urgen	in LOOK	2cm		Assistant		DATE	3/10/80
7		SIGNATURE	<u></u>		M	D	_MEDICAL EXAMINER	SIGNED	,,
4		EXAMINER'S NAME Vir	ginia L. I	Dolan, M.D.		ADDRESS	111 Pe	nn Str	eet
2	3n. BU	RIAL CREMATION REMOVAL 12		23c. NAME OF CEMI			73d LOCATION		
	(SF	ECIEV)	/15/80	Piney (Harmony	COUNT	N.C.
2	4. FU	NERAL DIRECTOR				25a. DATE RE	C'D. BY REGISTRAR 25h R	STRAFTS	
	WI	m. C. March I	F/H 110:	1 E. Nort	h Ay	re. MAR	1 2 1980	Marile	- Crony

0.5 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0	
	enge, eller if are including
and the second second second	
COLUMN TO THE RESIDENCE OF THE PERSON OF	
THE RESIDENCE OF THE SECOND STREET	
EARLY DE VINE	

1	FOR - STATE REGISTRAR		IT OF HEALTH AND MENTAL HY ERTIFICATE OF DEATH	BENE O PEG. NO	/ 0 0 1
1 (T	DECEASED NAME FIRST TYPE OR PRINT) Augu	MIDDLE	ROFINÍ		MONTH DAY YEAR 26 HOUR 23 12 80 930 p
3 5	male male	4 RACE Share	DATE OF BIRTH MONTH DAY YEAR 04 12 96	6 AGE (IN YEARS LAST BIRTH	HDAY) IF UNDER 1 YEAR IF UNDER 24 HR. MONTHS DAYS HOURS MIN
7a		76 CITIZEN OF WHAT COUNTRY? 8	MARRIED NEVER MARRIED C	Dalhimana	
10	CITY OR TOWN OF DEATH Baltimore	11. NAME OF HOSPITAL, NURSING HE NOT IN SUCH FACILITY, GIVE STREET ADD Baltimore Ci	HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Iron worke	DN 12b. KIND OF BUSINESS OF WORKING LIFE) INDUSTRY
13	SUAL RESIDENCE (IF NURSING HOME OR	OTHER INSTITUTION, GIVE RESIDENCE BEFORE AD		13e STREET ADDRESS 3154 Bayb	
100	FATHER'S NAME FIRST NO SIOVANI	Rifini LAST	15 MOTHER'S MAIDEN N FIRST Letzia	AME	Comenedercci
160	WAS DECEASED EVER IN U.S. ARA (YES, NO OR UNKNOWN) (IF YES, GIVE	MED FORCES? 166 SOCIAL SECURIT 185 056 3		ang 43 Vista	
2 CEPTIFICATION		DUE TO, OR AS A CONSEQUENC (c) ONDITIONS CONTRIBUTING TO DEA 196 CONDITION FOR WHICH OP	ay athers claved to the ter		
Shows Shows	210 ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	121, HOW IN HUBY OCCU	YES NO	YES NO
MEDICAL CR	OR CONTRIBUTING CAUSE OF DEAL	HOUR A.M. MONTH DAY	YEAR	KKED (ENIER NATURE OF INJUR.	YIN HEM 18, PART I OR PART 2]
MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM	,ETC.) 21f LOCATION STREET	CITY OR TOW	N COUNTY STATE
n 21 is morked	saw the deceased alive on abave [1] (we) (did) (did not	a) ottended the deceased from 10 81 12 80 19 81 1 view the body after death.		n death accurred on the do	te and hour and from the couses stated
± ±	22b. SIGNATURE	a M Walden "		MEDICAL STAF	1AND 3/12/80
IMPORTANT:	22d. PHYSICIAN'S NAME (TYPE OR SANDR	A WALDEN	0, 0,	nore, m	D TOS PITAL
230	BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		ME OF CEMETERY OR CREMATORY	CITY OR TOWN	county STATE
24	FUNERAL DIRECTOR 1005 D	undalk Avenue 6			A REGISTRA & S. V. NATURE

August

VINJI

collinges - con solutions ()ty mospitals - ron worlds and screening

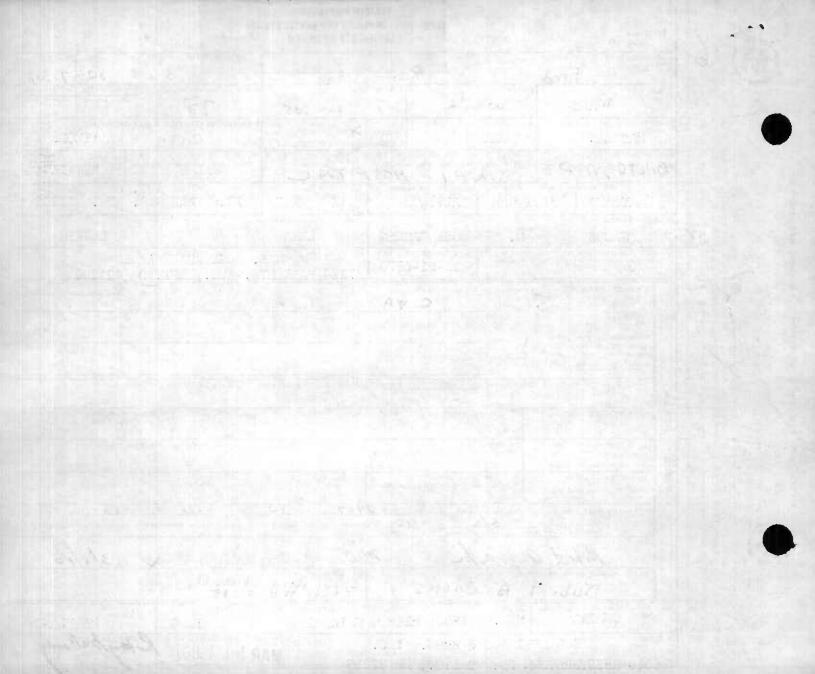
The tolling me it Sangitales bunlings

1 devotes

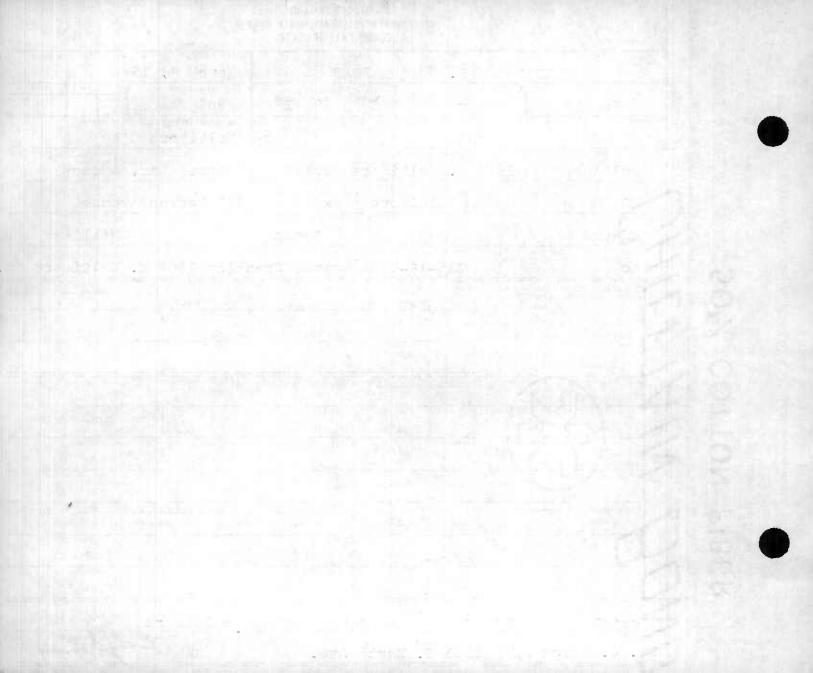
185 Cop 397 William Decemp was years Mortile Dr

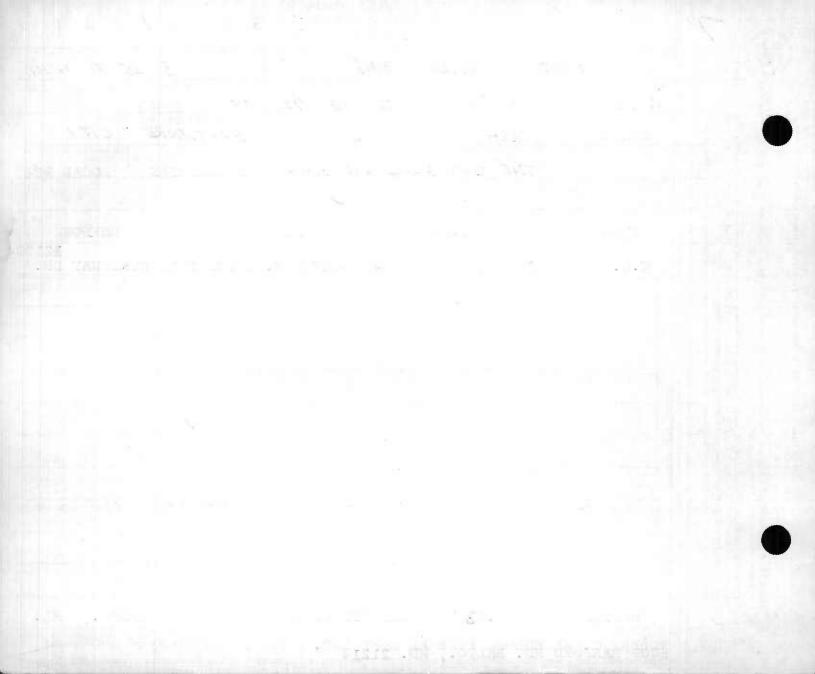
brock the sesse to recommission 185 140 Indiana adday take to combe

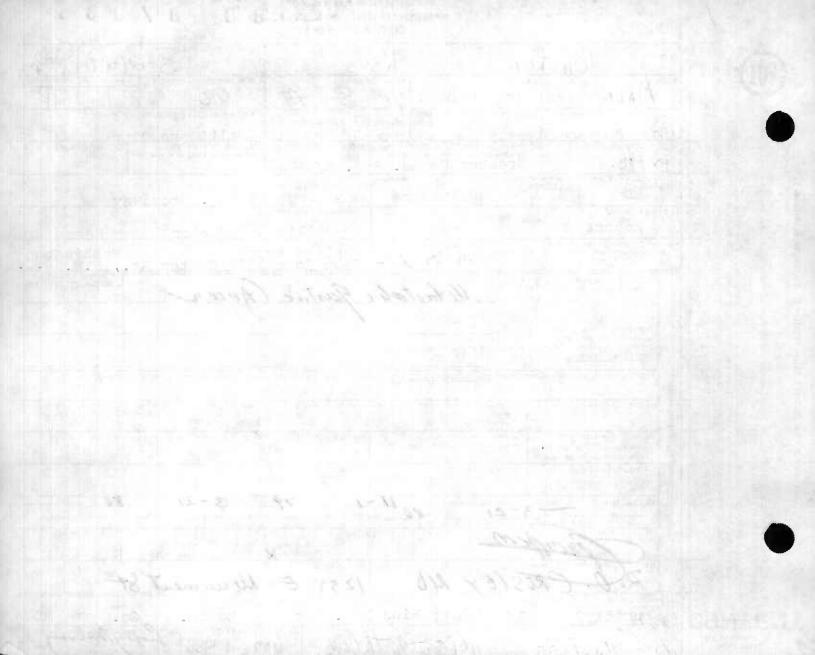
REISTERSTOWN RD RALTO MD 21215



DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 20 DATE OF DEATH MONTH 2h HOUR (TYPE OR PRINT) March 6, 1980 ROSS ELAINE H. 3. SEX 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS OAY5 MOURS 23 3ô 56 Female Negro To BIRTHPLACE (STATE OR FOREIGN 7h CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH COUNTRY MARRIED NEVER MARRIED Baltimore City USA MD DIVORCED X7 WIDOWEDE O CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12h KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Baltimore 1508 E. General Ser. Baltimore Agency DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 JSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a STATE 13b. COUNTY Baltimore 307 Hanson Avenue 13d. INSIDE CITY LIMITS? MD YES DO 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MICOLE LAST MIDDLE **EIRST** Williams Edward Ross Agnes 60 WAS DECEASED EVER IN U.S. ARMED FORCES 16h SOCIAL SECURITY NO 17 INFORMANT ADDRESS (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Deanna Franklin 1508 E. Baltimore St 215-18-0908 No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a) PART I. DEATH WAS CAUSED BY OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse iai, stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11g CERTIFICATION 0 19n DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? be NOL YES [NO I Mental Hygie 71a ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 21h TIME OF INJURY 00 HOUR A.M. MONTH OR CONTRIBUTING CAUSE OF DEATH MEDICAL Hem (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 21d. INJURY OCCURRED 21f. LOCATION 21e. PLACE OF INJURY ö STREET CITY OR TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STATE NOT WHILE WHILE AT WORK AT WORK 220.1 certify that (1) (this hospital) attended the deceased from sow the deceased alive on_ 19 00 __, and that in (my) (est.) opinion death occurred on the date and hour and from the causes stated above, (1) (wa) (did nat) view the bady after death 22b. SIGNATURE DEGREE 22c. DATE SIGNED 0 ATTENDING MEDICAL + be deta FUNERAL old be deta PHYSICIAN DIRECTOR PHYSICIAN MPORTANT: 22d. PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS ŧ 23d. LOCATION 230. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE (SPECIFY DW VI CONNIC Baltimore Burial 3/12/80 Cem New Cathedral 24. FUNERAL DIRECTOR BY REGISTRAR 256. PESISTRAR'S SUSNATURE DHMH - 16 50M 1/76 1101 E. (VR A 15 (4)) March F/H North Aye.







The state of the s Ser Low Fitti than bills muchon . I wan government with the

Marcon Viscoral Conventions

\$5-£-€; ×

ofo Mar Land Fee at Honoisal

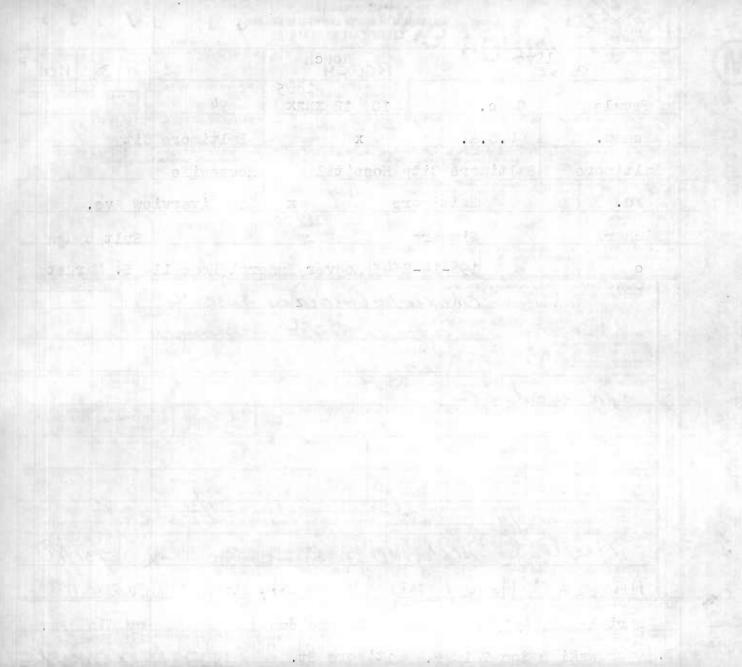
Market Commission (See as a factor of the second of the se

d. Later Louis Land

OTHE BURN & AS PULL or to all the state of the stat - Judanahaha S was ness the Sharpellag

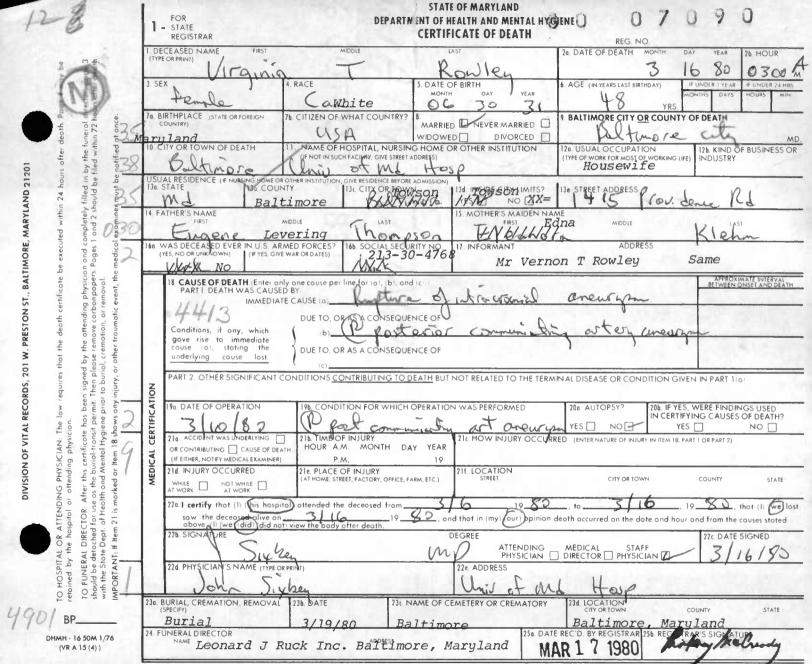
	1	FOR			DEPAR	RTMENT OF H	EALTH AND MENTAL HY	GIENES ()	Ü	1		
-	Ι'.	REGISTRAR				CERTIF	ICATE OF DEATH	REG. N	10.			
MAN I		CEASED NAME	f#8liv	re '	MIDDLE	4	Rouch	20. DATE OF DEATH	MONTH	DAY	YEAR 2	HOUR
MI	11.00	OL	IVE			RO	UCH		3	31 8	50	1:00
i g	3 SE	x	4.	RACE		5 DATE C		6. AGE (IN YEARS LAST BI	THDAY)	IF UNDER		FUNDER 24
ecto rs aft		Female		Cauc.		10	12 1818	94	YRS.	MONTHS	UATS	TOURS ,
hou hou		RTHPLACE (STATE OR FORE	EIGN 7h	CITIZEN OF	WHAT COUNTR	Y? 8	NEVER MARRIED	9 BALTIMORE CITY	OR COUNT	Y OF DE	ATH	
Street 72		Penna.		U.S.		WIDOWE	DI DIVORCED	Baltimo		ity		
by the feed within		Baltimore	H III	IN NOT IN SUC	H FACILITY, GIVE STR		spital	17% USUAL OCCUPAT (TYPE OF WORK FOR MOST HOUSEWIF	OF WORKING		KIND OF	BUSINESS
filled in	USU. 13a S	AL RESIDENCE IN NURSING	G HOME OF OT	HER INSTITUTION.	GIVE RESIDENCE BEF	FORE ADMISSION)	13d. INSIDE CITY LIMITS?	13. STREET ADDRESS	rvie	IA7 A3	re.	
shou	14. F/	THER'S NAME	134	7,7 4	3340 34 4 3411	1010	15 MOTHER'S MAIDEN N	AME	TATE	VV AV		
OSa Valet		Richard	MID	DLE	Simmer	20	First Marv	MIDDLE		C] +	LAST	, colo
1 an	16e V	VAS DECEASED EVER IN			166 SOCIAL SE		17 INFORMANT	ADDR	ESS	auli	zbai	18.U
Pages 7. the T	1	VES, NO OR UNKNOWN)	IF YES, GIVE WA	AR OR DATES)	196-14			eral Home	118	C	Mark	
S. P.		18 CAUSE OF DEATH					HOOVEL FUL	TETAT HOUSE	TIO	3+	APPROXIMA ETWEEN ON	
ed by the attending phase remove carbon pase remove carbon parial, cremation, or rem	No.	Conditions, if any, vigave rise to immercause 101, stating underlying cause	diate	(b)	R AS A CONSEC R AS A CONSEC	tates	hreas?	autumm	a) .			
y the att e remove , crematic or other	ATION	gave rise to immer cause (a), stating underlying cause PART 2 OTHER SIGNIF	diate the last.	DUE TO, OI	R AS A CONSECUTIVE TO THE STATE OF THE STATE	DUENCE OF	NOT RELATED TO THE TER					S LISED
re has been signed by the att bermit. Then please remove tene prior to burial, crematic shows any injury, or other	RTIFICATION	gave rise to immercase (a), stating underlying cause PART 2 OTHER SIGNIF Adduction (A)	ediate the last. FICANT COM	DUE TO, OI	RAS A CONSECUTIVE TO	DUENCE OF	NOT RELATED TO THE TER	200 AUTOPSY?	20b. IF YI IN CERT	ES, WERE	FINDING CAUSES O	
re has been signed by the att bermit. Then please remove tene prior to burial, crematic shows any injury, or other	ICAL CERTIFICATION	gave rise to immercause (a), stating underlying cause PART 2 OTHER SIGNIF Additional of the control of the co	CON CONTROL ON CONTROL	DUE TO, OI (c) NOITIONS CO 19b CONE 21b TIME O HOUR A.	R AS A CONSECUTIVE TO THE PROPERTY OF THE PROP	DUENCE OF	NOT RELATED TO THE TER N WAS PERFORMED 2)c HOW INJURY OCCU	200 AUTOPSY?	20b. IF YI IN CERT	ES, WERE	FINDING CAUSES O	FDEATH
After this certificate has been signed by the att is the burial-transit permit. Then please remove th and Mental Hygiene prior to burial, crematic marked or Item 18 shows any injury, or other	MEDICAL CERTIFICATION	gave rise to immercause (a), stating underlying cause PART 2 OTHER SIGNIF AUU 19e DATE OF OPERATIO 21e. ACCIDENT WAS UNDER OR CONTRIBUTING CAL	CON CONTRACTOR CONTRAC	DUE TO, OI OUE TO, OI IC) NOITIONS CC 19b CONE 21b TIME O HOUR A. 71e PLACE	R AS A CONSECUTIVE TO THE PROPERTY OF THE PROP	DUENCE OF O DEATH BUT CH OPERATIO DAY YEAR 19	NOT RELATED TO THE TER	200 AUTOPSY?	20b. IF YI IN CERT Y URY IN ITEM 18	ES, WERE	FINDING CAUSES O	FDEATH
After this certificate has been signed by the att is the burial-transit permit. Then please remove th and Mental Hygiene prior to burial, crematic marked or Item 18 shows any injury, or other		gave rise to immercause Ia), stating underlying cause PART 2 OTHER SIGNIF ALLUL 19a DATE OF OPERATIO 71a, ACCIDENT WAS UNDER OR CONTRIBUTING CAL IF EITHER, NOTIFY MEDICALE WHILE NOT WHILL AT WORK AT WORK 27a, 1 certify that (1) (the saw the deceased)	FICANT CON FICANT CON PLYING USE OF DEATH EXAMINER) D E his hospitally adjive an	DUE TO, OI LC) NDITIONS CC 19b CONE 21b. TIME O HOUR A. P. 21e PLACE (AT HOME, STR	R AS A CONSECTION OF INJURY M. MONTH M. MONTH M. OF INJURY REET, FACTORY, OFFICE e deceased from	DUENCE OF O DEATH BUT CH OPERATIO DAY YEAR 19 CE, FARM, ETC.)	NOT RELATED TO THE TER N WAS PERFORMED 2): HOW INJURY OCCU 21) LOCATION STREET	200 AUTOPSY? YES NO CITY OR TO	20b. IF YI IN CERT Y URY IN ITEM 10	ES, WERE IFYING C /ES PART I OR COU	FINDING CAUSES O	STAT
ECTOR: After this certificate has been signed by the att for use as the burial-transit permit. Then please remove of Health and Mental Hygiene prior to burial, crematic am 21 is marked or Item 18 shows any injury, or other		gave rise to immercause al, stating underlying cause PART 2 OTHER SIGNIF ACCIDENT WAS UNDER OR CONTRIBUTING CAL 216. IN JURY OCCURRET WHILE NOT WHILL AT WORK 220.1 certify that (I) (It saw the deceased above. (I) (ye) I did	FICANT CON FICANT CON PLYING USE OF DEATH EXAMINER) D E his hospitally adjive an	DUE TO, OI LC) NDITIONS CO 19b CONE 21b. TIME O HOUR A.I P.I 21e PLACE (AT HOME, STR	R AS A CONSECTION OF INJURY M. MONTH M. MONTH M. OF INJURY REET, FACTORY, OFFICE e deceased from	DUENCE OF O DEATH BUT CH OPERATIO DAY YEAR 19 CE, FARM, ETC.)	NOT RELATED TO THE TER N WAS PERFORMED 2)c HOW INJURY OCCU 211 LOCATION STREET 19 and that in (my) (our) opinion	200 AUTOPSY? YES NO CITY OR TO	20b. IF YI IN CERT Y URY IN ITEM 10	ES, WERE IFYING C (ES	PART 2)	STAT
DIRECTOR: After this certificate has been signed by the att ched for use as the burial-transit permit. Then please remove Dept. of Health and Mental Hygiene prior to burial, crematic if Item 21 is marked or Item 18 shows any injury, or other		gove rise to immercause Ioi, stating underlying cause PART 2 OTHER SIGNIF PART 3 OTHER SIGNIF PART 4 OTHER SIGN	FICANT CON FICANT CON REVING USE OF DEATH EXAMINER) D E dive an di (did nat) v	DUE TO, OI (c) NDITIONS CC 19h COND 19h COND 21h TIME O HOUR A.I. P.I. 21h PLACE (AT HOME, STR	R AS A CONSECTION OF INJURY M. MONTH M. MONTH M. OF INJURY REET, FACTORY, OFFICE e deceased from	DUENCE OF O DEATH BUT CH OPERATIO DAY YEAR 19 CE, FARM, ETC.)	NOT RELATED TO THE TER N WAS PERFORMED 21) LOCATION STREET 19 10 that in (my) (our) apinion DEGREE ATTENDING PHYSICIAN	200 AUTOPSY? YES NO CITY OR TO CITY OR TO death occurred on the of	206. IF YI IN CERT IN CERT IN OF THE IN CERT IN OF THE IN T	ES, WERE IFYING C (ES	FINDING CAUSES O	STAT
UNERAL DIRECTOR: After this certificate has been signed by the att d be detached for use as the burial-transit permit. Then please remove the State Dept. of Health and Mental Hygiene prior to burial, crematic hRTANT: If Item 21 is marked or Item 18 shows any injury, or other		gave rise to immercause al, stating underlying cause PART 2 OTHER SIGNIF ACCIDENT WAS UNDER OR CONTRIBUTING CAL 216. IN JURY OCCURRET WHILE NOT WHILL AT WORK 220.1 certify that (I) (It saw the deceased above. (I) (ye) I did	FICANT CON FICANT CON REVING USE OF DEATH EXAMINER) D E dive an di (did nat) v	DUE TO, OI (c) NDITIONS CC 19h COND 19h COND 21h TIME O HOUR A.I. P.I. 21h PLACE (AT HOME, STR	R AS A CONSECTION OF INJURY M. MONTH M. MONTH M. OF INJURY REET, FACTORY, OFFICE e deceased from	DUENCE OF O DEATH BUT CH OPERATIO DAY YEAR 19 CE, FARM, ETC.)	NOT RELATED TO THE TER N WAS PERFORMED 21) LOCATION STREET 19 10 that in (my) (our) apinion DEGREE ATTENDING	200 AUTOPSY? YES NO CITY OR TO CITY OR TO death occurred on the of	20b. IF YI IN CERT IN CERT IN UNITEM 18	ES, WERE IFYING C (ES	PART 2) NTV On the co	STAT
JIRECTOR: After this certificate has been signed by the att bed for use as the burial-transit permit. Then please remove lept, of Health and Mental Hygtene prior to burial, crematic if Item 21 is marked or Item 18 shows any injury, or other	WEDICAL MEDICAL	gave rise to immercause into the cause into the cause underlying cause PART 2 OTHER SIGNIF 21a. ACCIDENT WAS UNDER OR CONTRIBUTING CAL IF EITHER, NOTIFY MEDICAL IT AT WORK NOTIFY MEDICAL TOWNER 27a. 1 certify that (I) (I) sow the decay of the decay of the cause of the caus	FICANT CON FICANT CON REVING USE OF DEATH EXAMINER) LE CON ALL LIVE ON PR ALL LIVE ON P	DUE TO, OI (c) NDITIONS CC 19h COND 19h COND 21h TIME O HOUR A.I. P.I. 21h PLACE (AT HOME, STR	R AS A CONSECTION OF INJURY M. MONTH M. OF INJURY REET, FACTORY, OFFICE alter death.	DUENCE OF O DEATH BUT CH OPERATIO DAY YEAR 19 E.E. FARM, ETC.) T. J. Z. S. J.	NOT RELATED TO THE TER N WAS PERFORMED 21) LOCATION STREET 19 10 that in (my) (our) apinion DEGREE ATTENDING PHYSICIAN	200 AUTOPSY? YES NO CITY OR TO CITY OR TO death occurred on the of	20b. IF YI IN CERT IN CERT IN UNITEM 18	cou	PART 2) NTY On the co	STAT
UNERAL DIRECTOR: After this certificate has been signed by the att d be detached for use as the burial-transit permit. Then please remove the State Dept. of Health and Mental Hygiene prior to burial, crematic hRTANT: If Item 21 is marked or Item 18 shows any injury, or other	WEDICAL	gove rise to immercause load, stating underlying, cause PART 2 OTHER SIGNIF PART 2 OTHER SI	FICANT CON FICANT CON REVING USE OF DEATH EXAMINER) LE CON ALL LIVE ON PR ALL LIVE ON P	DUE TO, OI OUE TO, OI OUE TO, OI OUE OUE OUE OUE OUE OUE OUE O	R AS A CONSECTION OF INJURY M. MONTH M. OF INJURY REEL, FACTORY, OFFICE Pater death.	DUENCE OF O DEATH BUT CH OPERATIO DAY YEAR 19 E.E. FARM, ETC.) T. J. Z. S. J.	NOT RELATED TO THE TER N WAS PERFORMED 21) LOCATION STREET 19 10 d that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN 210 ADDRESS Balto City EMETERY OR CREMATORY VM Moseleum	200 AUTOPSY? YES NO RRED IENTER NATURE OF INJI CITY OR TO death occurred on the of MEDICAL PHYSI 23d. LOCATION CITY OR TOWN	20b. IF YI IN CERT YOUNG THEM TO MAKE AND HE WAS A STATE OF THE WAS A	county	PART 2) NTY On the country of the	STATE ST

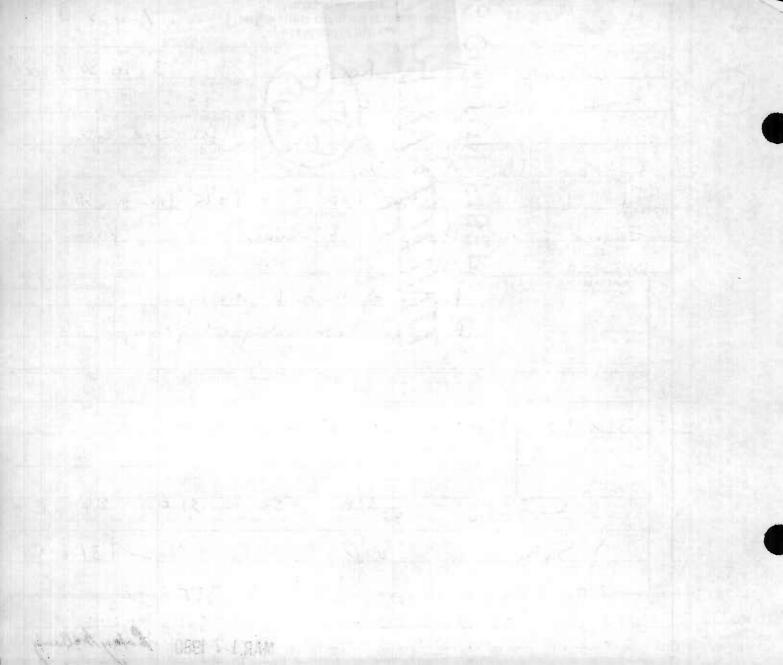
....



	1 -	STATE REGISTRAR			DEF		ICATE OF	MENTAL HYG DEATH		EG NO	, , ,	
	1. DEC	EASED NAME	FIRST		MIDDLE	ī	AST		20 DATE OF DE		DAY YEAR	26 HOUR
oy be	(TYPE	OR PRINT)	DAVID	5	Scott	RO	WE		MARCH		6 1980	Winz AN
no)	3. SEX	4-7-32		4 RACE		5 DATE C	F BIRTH		6 AGE (IN YEARS I	AST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
9e 4	1	Male		Whi	.te	7	10 DAY	1974	5	_	MONTHS DAYS	HOURS MIN
Pog Hi	Ta. BIR	THPLACE (STATE	OR FOREIGN	76 CITIZEN O	F WHAT COUNT	RY? 8.			9 BALTIMORE		INTY OF DEATH	
to the total to	M	aryland		USA		WIDOWE	D NEVER	MARRIED X	ВАТЛ	IMORE	СТТУ	AAD
P		Y OR TOWN OF			HOSPITAL, NU				12a. USUAL OCC	UPATION	126 KIND C	OF BUSINESS OR
100 s off		BALTIMO	RE	UN]	ION MEMO	RIAL HO	SPITAL	235.	none	MOST OF WORKI	NG LIFE) INDUSTRY	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN The low requires that the death certificate be executed within 24 hours ratending physician. Wher this certificate has been signed by the attending physician and competitly litted in to as the buriol-transit permit. Then please remove contournables in and state of the modern properties prior to buriol, cremation, or removal and a shows any injury, or other traumonts event the medicate buring and orked or frem 18 shows any injury, or other traumonts event the medicate buring and orked or frem 18 shows any injury, or other traumonts.	13a S	L RESIDENCE (IF LATE Md.	NURSING 1131 Balt	TV.	130 CITY OR I			CITY LIMITS?	13e STREET ADD	RESS	Reisters arton Ci:	town
YLA Ibio	-	THER'S NAME	Libert		TCCIBCC	T B CO WII		'S MAIDEN NAM	AE	orriv D	arton Cr.	rcie
MAR ied with		Willia	m H	enry	Row	е	Lin	da	Ann	DDLE	Wins	tead
ORE,		AS DECEASED E		MED FORCES?	166 SOCIALS	ECURITY NO.	17 INFORM	ANT		ADDRESS	C:	r.
IIWO		no			212-8	2-9193	Mr.	William	H. Ro	we, 19	000 Billy	Barton
BALI		18 CAUSE OF D	EATH (Enter on	y one couse pe	er line for (o), (b	, and ic	r.	real Little	A 1	. (APPROX BETWEEN	IMATE INTERVAL ONSET AND DEATH
ST., riffic		PART I. DEAT	H WAS CAUSEI	E CAUSE (o)_	Hypote	usinal.	Cardia	ws reg	intry +	allur	e	
DA h ce h ce or the cort		2391		DUF TO	OR AS A CONSE	OUENCE OF						
deot deot ove o fion,		Conditions, if		((b)_	Loss	of Cey	itral a	optiol of	f Circulat	ION respi	intra	
the or tree err tree		gove rise to	immediate toting the		OR AS A CONSE		A			h a		
by by orthor oth	30	underlying co	ouse lost.	(6)	Bra	The same of the sa	NR					
res 1		PART 2. OTHER S	SIGNIFICANTO	ONDITIONS	ONTRIBUTING	TO DEATH BUT	NOT RELATE	D TO THE TERM	NAL DISEASE OR	CONDITION	GIVEN IN PART 10	0
RDS equi	CERTIFICATION	R.	ant de	civital) crapic	thru						
bee brio	CAT	90 DATE OF OPE	ERATION	19b. CONI	DITION FOR WH	ICH OPERATIO	N WAS PERFO	DRMED	200 AUTOPSY	? 20b. II	YES, WERE FINDING	NGS USED
he li hos t pe le	E	March	4,1980	5	Brain I	u.u.n.R			YES NO	energ .	YES [NO [
DF VIII	E	210. ACCIDENT WAS			OF INJURY	ALTHUR VEAD	21c. HOW IN	VJURY OCCURR	ED (ENTER NATURE	OF INJURY IN ITEA	A 1B, PART 1 OR PART 2)	
SICIA ng ph certificanticle transition of the life of	AF	OR CONTRIBUTING		in I	A.M. MONTH	DAY YEAR						
HYS ding of he or h	MEDICAL	21d. INJURY OCC		21e. PLACE	OF INJURY		21f. LOCATI	ON			17.10	
IVISI IG PI offer the ter the s the s the	ž	WHILE NO	T WHILE	(AT HOME, S	TREET, FACTORY, OFF	ICE, FARM, ETC.)	STREET		CITY	OR TOWN	COUNTY	STATE
or or see of the or more		22a.l certify tho	t (I) (this hospit	ol) ottended t	be deceased fro	m March	4	19 80	to Mass	16 6	19 60	that (I) (we) lost
TTEN pitol TOR for u		sow the dec	eased olive on, e) (did) (did not	marc	116		d that in (my)	(our) opinion o	leath occurred on	the dote and	hour and from the	couses stated
R A hosp hosp hed hed bed tem tem		226. SIGNATURE	7	New the bod	y offer death.	1	DEGREE				22c. DATE	SIGNED
the other than the other than the Direction the Direction the Direction than the Direction that the Directio		130	Mu-	NA.	un)			ATTENDING PHYSICIAN F	MEDICAL DIRECTOR P	STAFF	/ 3/1	0/80
PIT PER PIT Sto		22d. HHY SCIAN'S	S NAME (TYPE OR	PRINT)			22e ADDRES		J DIKECTOK F	III SICIAI V	10/	100
TO HOSPITA etoined by TO FUNERA should be de with the Stotl MAPORTANT		VIT	COR.	NISH.	uD.		UNIO	H MATON	ORIAL H	T.926	-01	
TO Horizon TO Figure 10 Fi	23n BI	JRIAL, CREMATIC		-		3c. NAME OF C			23d, LOCATIO		11 6	
000 RD	.32	urial	1 11	3/10/					CITY OR TOW	/N	own, Md.	STATE
		the acceptable in the contract of		1.1/11//				1/110 1/6				
DHMH - 16 60M 1/75	74 FU	REPALDIRECTO	11 xm	ma	10 W.					TRAR 756 RE	GISTRAR'S SIGNAT	LIRE

as years	1244 10					
					= 1	
	TNUF / 1 0001					
	radio ji sedici Livoto di kasi					
			e de la composición dela composición de la composición dela composición de la compos	1		
				1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		

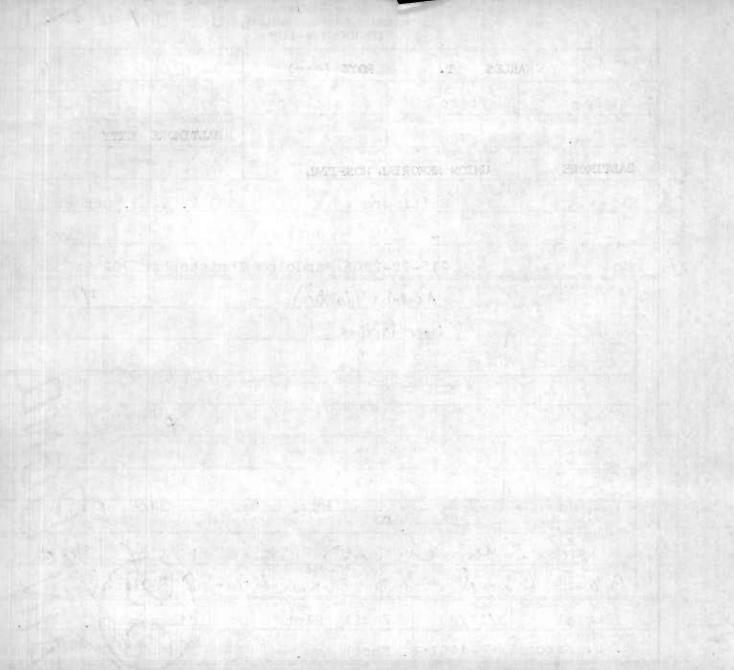




1/	1	FOR	200.00	STATE OF MARYLAND	65 65	45 09 A A A
X	1	STATE REGISTRAR	DEPAK	TMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. N	0/091
18		CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH	
2 25	U	JOHN		ROY	MARCH 30	0 1980 9:381
9 9 9	3 SE	X	4 RACE	S. DATE OF BIRTH	& AGE JIN YEARS LAST BIRT	HDAY IF UNDER 1 YEAR IF UNDER 24 H
Page Uricector	1	TAle	Black	MONTH DAY YEAR 20 1906	74	YRS. MONTHS DAYS HOURS ME
eral d 72 hou	F	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED	_	R COUNTY OF DEATH
after of the fun vithin	10 0	ITY OR OWN OF DEATH	11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE	WIDOWED DIVORCED IN ING HOME OR OTHER INSTITUTION ET ADDRESSI	BALTIMOR 12a USUAL OCCUPATE 1779 OF WORK FOR MOST O	ON 126, KIND OF BUSINESS
n by th	15	Altimore		NS HOSPITAL	Resturant	
Filled in 24 h	139	STATE 136 COUN	NTY 13. CITY OR TO		130 STREET ADDRESS 951E. DUNC	en St.
d with	14. F.	ATHER'S NAME	MIDDLE DST	15 MOTHER'S MAIDEN NA		4
and and	1	loseph	LAY	Emma		Madison
Tang maga maga maga maga maga maga maga m		WAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIVE	MED FORCES? 166 SOCIAL SEC	CURITY NO 17 INFORMANT	ADDRE	SS
Pag P		NO.	216-16	-4711 Dessie Jacks	on 2027	Pulaski Street
Part In		18 CAUSE OF DEATH (Enter on	ly one cause per line for (a), (b), a	and (cy.)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
the party of the		PART I. DEATH WAS CAUSE	TE CAUSE (0) WIT ACICA	able hypotens	iun	NSM
4 400 5		17011	DUE TO, OR AS A CONSEQU	HENCE OF		
the care		Canditians, if any, which	(b) 52051			~ . 4 days
011	ı	gave rise to immediate				. 0,000
-3E 9530		cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQU	JENCE OF		
The state of the s		DARK O OTHER CHOMES AND	(c)			
C C 250	2	0		DEATH BUT NOT RELATED TO THE TERM	NINAL DISEASE OR CON	DITION GIVEN IN PART 1(a)
lawring the same of the same o	18	190 DATE OF OPERATION	Addisons dise	H OPERATION WAS PERFORMED		
a The second	0	196 BATE OF OPERATION	196 CONDITION FOR WHICH	H OPERATION WAS PERFORMED	20a AUTOPSY?	206. IF YES, WERE FINDINGS USED
01 01 - 10		-1-1		(NO)		IN CERTIFYING CAUSES OF DEATH?
n. n. rate h.	E	3/26	gangiera ((B) foot	YES NO	YES NO
ICIAN: The sician. Inficate having a provider the sician of the sician o	CERTIFICATION	210. ACCIDENT WAS UNDERLYING	2 TIME OF INJURY	21c HOW INJURY OCCURE		YES NO
SI NYS	1		2 TIME OF INJURY	21c HOW INJURY OCCURE		YES NO
ing physician. Ing physician. I this carficate burial masir pe d Mental Hygie	1	218. ACCIDENT WAS UNDERLYING ON CONTRIBUTING AUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER) 216. INJURY OCCURRED	218 TIME OF INJURY HOUR A.M. MONTH [P.M. 210 PLACE OF INJURY	DAY YEAR 19 211 LOCATION	RED (ENTER NATURE OF INJUR	YES NO YINITEM 18, PART 1 OR PART 2
rending physician. The this carrificate the burial and Mental Hygie and Mental Hygie arked or Item 18 starked or Item 18 stark	MEDICAL CERTIF	218. ACCIDENT WAS UNDERLYING ON CONTRIBUTING AUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER) 216. INJURY OCCURRED	215 TIME OF INJURY HOUR A.M. MONTH [P.M.	DAY YEAR 19 211 LOCATION		YES NO
ENDING PHYSICIAN: attending physician. If A er this or difficate e as the burial we has it eath and Mental Hygie is marked or Item 18 s	1	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	216 TIME OF INJURY HOUR A.M. MONTH E P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	DAY YEAR 19 216 HOW INJURY OCCUR! 19 211 LOCATION STREET	RED (ENTER NATURE OF INJUR	YES NO VINITEM 18, PART 1 OR PART 2) IN COUNTY STATE
ttending properties of the pro	1	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOTIFY CAUSE AT WORK NOT WHILE 27a. I certify that (I) (this haspit sow the deceased alive an.	210 TIME OF INJURY HOUR A.M. MONTH E P.M. 210 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, (a) attended the deceased fram,	DAY YEAR 19 216 HOW INJURY OCCUR! 19 211 LOCATION STREET	RED (ENTER NATURE OF INJUR CITY OR TOW	YES NO
ttending PH Afer this s the burie th and Me marked o	1	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK AT WORK 22a. Certify that (1) (this hospit saw the deceased alive an obove, (1) (we) (did) (did not obove, (1) (did) (did not obove, (1) (we) (did) (did not obove, (1)	210 TIME OF INJURY HOUR A.M. MONTH E P.M. 210 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, (a) attended the deceased fram,	DAY YEAR 19 211 LOCATION STREET 3 27 , 19 50 , and that in (my) (our) apinion of	RED (ENTER NATURE OF INJUR CITY OR TOW	YES NO
os ATTENDING PH nospital or attending p infect of A er this ed for use as the burie ept. of Health and Me	1	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOTIFY CAUSE AT WORK NOT WHILE 27a. I certify that (I) (this haspit sow the deceased alive an.	210 TIME OF INJURY HOUR A.M. MONTH E P.M. 210 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, (a) attended the deceased fram,	DAY YEAR 19 211 LOCATION STREET 3 27 , 19 50 , and that in (my) (our) opinion of DEGREE	CITY OR TOW death accurred on the do	YES NO
ors ATTENDING PH nospital or attending p intect of A fer this ed for use as the burie ept. of Health and Me I tem 21 is marked o	1	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK AT WORK 22a. Certify that (1) (this hospit saw the deceased alive an obove, (1) (we) (did) (did not obove, (1) (did) (did not obove, (1) (we) (did) (did not obove, (1)	210 TIME OF INJURY HOUR A.M. MONTH E P.M. 210 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, (a) attended the deceased fram,	DAY YEAR 19 211 LOCATION STREET 3 27 , 19 50 , and that in (my) (our) apinion of	CITY OR TOW CITY OR TOW Control on the do	YES NO
PITAL OF ATTENDING PH by the hospital or attending p EFAL LINECT OF A er this sectached for use as the buris State Dept. of Health and Me ANT: If Item 21 is marked o	1	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK AT WORK 22a. Certify that (1) (this hospit saw the deceased alive an obove, (1) (we) (did) (did not obove, (1) (did) (did not obove, (1) (we) (did) (did not obove, (1)	210 TIME OF INJURY HOUR A.M. MONTH E P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE. (al) attended the deceased fram. 3 3 0 1) view the body after death.	DAY YEAR 19 211 LOCATION STREET 31 27 19 Condition (my) (our) opinion of the condition of the condition (my) (our) opinion (my	CITY OR TOW CITY OR TOW death accurred on the do	YES NO
PITAL OF ATTENDING PH by the hospital or attending p EFAL LINEON OF A fer this clearched for use as the burie State Dept. of Health and Me ANT: If Item 21 is marked o	1	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTEY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK NOT WHILE SOW the deceosed clive on, obove, (I) (we) (did) (did not 22b. SIGNATURE 22d. PHYSICIAN'S NAME (TYPE OF	21b TIME OF INJURY HOUR A.M. MONTH [P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, 101) attended the deceased from, 3/3/0 1) view the body after death.	DAY YEAR 19 211 LOCATION STREET 211 LOCATION STREET DEGREE ATTENDING PHYSICIAN	CITY OR TOW CITY OR TOW death accurred on the do MEDICAL STAF DIRECTOR PHYSIC	YES NO
ttending properties of the pro	MEDICAL	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTEY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK AT WORK AT WORK ON THE Sow the deceosed clive an obove, (I) (we) (did) (did not 22b. SIGNATURE) 22d. PHYSICIAN'S NAME (TYPE OF ACTION OF	210 TIME OF INJURY HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, 101) attended the deceased from, 19 view the body after death.	DAY YEAR 19 211 LOCATION STREET 31 27 19 20 , and that in (my) (our) apinion of the composition of the comp	CITY OR TOW STAF DIRECTOR PHYSIC	YES NO
TO HOSPITAL SA ATTENDING PH retained by the hospital or attending to TO FUNERAL IT HEXTOP A fer this should be detached for use as the burish with the State Dept. of Health and Me IMPORTANT: if Item 21 is marked o	MEDICAL	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTEY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE AT WORK NOT WHILE 27a. I certify that (I) (this haspit saw the deceased alive an above. (I) (we) (did) (did not 27b. SIGNATURE 27d. PHYSICIAN'S NAME (TYPE OF	210 TIME OF INJURY HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, 101) attended the deceased from, 19 view the body after death.	DAY YEAR 19 211 LOCATION STREET 211 LOCATION STREET DEGREE ATTENDING PHYSICIAN	CITY OR TOW CITY OR TOW death accurred on the do MEDICAL STAF DIRECTOR PHYSIC	YES NO
PITAL OF ATTENDING PH by the hospital or attending p EFAL LINEON OF A fer this clearched for use as the burie State Dept. of Health and Me ANT: If Item 21 is marked o	WEDICAL	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTEY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK AT WORK AT WORK ON THE Sow the deceosed clive an obove, (I) (we) (did) (did not 22b. SIGNATURE) 22d. PHYSICIAN'S NAME (TYPE OF ACTION OF	210 TIME OF INJURY HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, 101) attended the deceased from, 19 view the body after death.	DAY YEAR 19 211 LOCATION STREET 31 27 19 20 , and that in (my) (our) apinion of the composition of the comp	CITY OR TOW STAF	YES NO

1913	10481 08)E			1107.6	
		VV 1500 5			
				PREME WE SE	
	and parties and	and the		2 22 1014/187	
	A Caralla	11.15	200 4/27	Machine	
100			e padicing	Joseph	
		- 1 - 1			
					1 th te
					11 63 54

601	1.	FOR STATE REGISTRAR		DEPART	MENT OF H	E OF MARYLAND EALTH AND MENTAL ICATE OF DEATH	HY GENE O	7 7	92
7 / 25		CEASED NAME FIRST		AIDDLE		AST (2)	20 DATE OF PEATH	MONTH DAY	YEAR 26 HOUR
may be r, page 3 ter death			RLES	T.	ROY	(1.0)	3/12/80		17 AM
4 mo	3 SE	Male	4 RACE	20	5. DATE C	DAY YEAR			UNDER LYEAR IF UNDER 24 HRS
Poge direct	70 D	RTHPLACE (STATE OR FOREIGN	Neg	WHAT COUNTRY?	4	6 02	77	YRS.	FREATH
death. Reath. Re		VA.		SA	MARRIE	DIVORCED	PATENTINO		
by the fulled with		BALTIMORE	(IF NOT IN SUC	N MEMORI	AL HO	ROTHER INSTITUTION	12a USUAL OCCUPA (TYPE OF WORK FOR MOST		12b. KIND OF BUSINESS OR INDUSTRY
AND 21:	130	AL RESIDENCE (IF NURSING HOME O STATE 136 COU 11D	ROTHER INSTITUTION NTY	GIVE RESIDENCE BEFOR 130. CITY OR TOW Baltim	/N	13d INSIDECTY LIMIT	13e STREET ADDRESS 523 E. 2	22nd. S	Street
MARYL, mpletely and 2 st	14. FA	ATHER'S NAME FIRST	MIDDLE	LAST		Julia	N NAME MIDDLE		Roye
BALTIMORE.	16a. V	VAS DECEASED EVER IN U.S. AF YES, NO OR UNKNOWN) (IF YES, GIV	RMED FORCES? VE WAR OR DATES)	215-22		Randolp	h Christoph		Radnor Ave
201 W. PRESTON ST., es that the death certific ned by the attending phypics remove corbangural, cremation, or remove or attentive or attentive or the property, or attentive or the order order order or the order or	NO	18 CAUSE OF DEATH Enter of PART I. DEATH WAS CAUSI IMMEDIA Canditions, if ony, which gave rise to immediate couse in stating the underlying cause last PART 2. OTHER SIGNIFICANT	DUE TO, OF	R AS A CONSEQUER AS A CONSEQUER	ENCE OF		TERMINAL DISEASE OR CO	ndition Given	APPROXIMATE INTERVAL BEZWIEN ONSET AND DEATH
AL RECORDS, he low requir on hos been sig t permit. Ther ene prior to b	CERTIFICATION	19a DATE OF OPERATION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b IF YES, WIN CERTIFYIN	WERE FINDINGS USED NG CAUSES OF DEATH?
DIVISION OF VITAL TO HOSPITAL OR ATTENDING PHYSICIAN: The retained by the hospitol or ottending physicion TO FUNERAL DIRECTOR: After this certificate h should be detached for use as the buriol-tronsir with the State Dept. of Health and Mental Hygier IMPORTANT: If Hem 21 is marked or Hem 18 should	MEDICAL	210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINER 21d IN JURY OCCURRED WHILE AT WORK NOT WHILE AT WORK IN TO WHILE SOW the deceosed alive or above, (I) (we) (did) (did not above). 27d. SIGNATURE 27d. PHYSICIAN'S NAME (TYPE)	ATH HOUR A. P. 21e PLACE C (AT HOME, STR ital) oftended this Data view the body L. Kun DR PRINT) (un use)	M. MONTH D M. DF INJURY EET, FACTORY, OFFICE, De deceosed from 19 after death.	19 FARM, ETC.) On	211 LOCATION STREET 3/9 19 d that in (my) (our) DP DEGREE ATTENDIT PHYSICIA 2726. ADDRESS	CITY OR TO	DWN 19, PART	COUNTY STATE
D41.0	73a. (BURIAL, CREMATION, REMOVAL SPECIFY) Burial	3/17/			EMETERY OR CREMATO	CITY OR TOWN	co	DUNTY STATE
BP	24 FI	JNERAL DIRECTOR				250	Middle DATE REÇ'D. BY REGISTRA		Co. Va.
DHMH - 16 60M 1/75 (VR A 15 (4))		Vm. C. March	F/H 1	101 E.	Nort	h Ave.	MAR 1 3 1980	profes	y Mc Cready



				\$		
March 1,1980 2:308	. 180m - J	cron	11411	384		
46	23 1915	Talut	ą.			ارادا
			vA.G.L		in a	Q11,10
of particular and particular and	¥ 21224.	To U.S.	ACS W		, W, IN	1
.051.05 N .1. M.20.00	X.	auros.	LIMAN	gride (ab.) per l'en à la de des		July "
Literation arrant	6.			ADSWI I	ALUKER	
003 person 51. Silva-Wob 51.10., 21.224,	A SALISTA	ee:25-ee		Llawari		384
Karrat Ave, editor, 1122 j	6216	60		E E E		
7301 681468 1811 14., 64. 30	. Mary Wass	N YJOS	.00	26	, Q.LON	
The state of the s	9 11 9	A 62 124	1111		Jan.	di sta

AND THE RESERVE AS 10001 AND DESCRIPTION OF THE PROPERTY OF THE PERSONS AND OR PROPERTY SEE THE and a man making

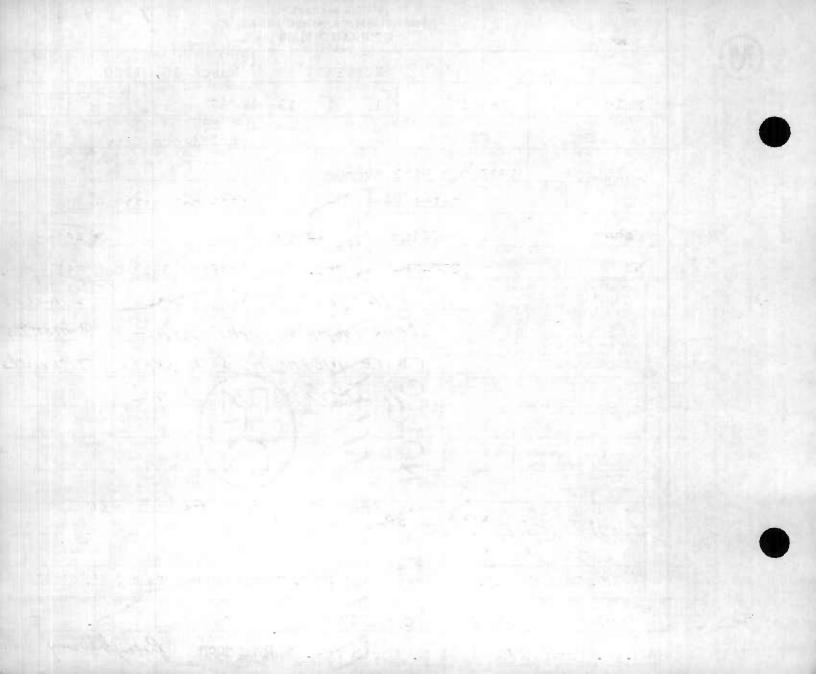
	I	tem 7a g544 6/13/	/80 gj	STATE OF MARYLAND	0 0 9	B D /
3	1.	FOR - STATE REGISTRAR	DEPARTM	RENT OF HEALTH AND MENTAL HYGI CERTIFICATE OF DEATH	REG. NO.	0 9 6
1 25	I. DE	CEASED NAME FIRST	MIDDLE	Ruff in		DAY YEAR 20. HOUR SO
	3. SE		Black	5. DATE OF BIRTH MONTH GAY YEAR 2 2	6. AGE (IN YEARS LAST BIRTHDAY)	FUNDER I YEAR FUNDER 74 HRS
OVER 31	7a B.	RIHPLACE WATE OR FOREIGN TO CAPOLINA	CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY OR COUNTY	OF DEATH
of within and within	10 C		NAME OF HOSPITAL, NURSING	G HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIE	12b. KIND OF BUSINESS OR INDUSTRY
LAND 212 rthin 24 ho ould be the	USU 13r	AL RESIDENCE (IF NUESING HOME OR OTH		ADMISSIONI U	723 N. Avon	dale PQ
AARYL ted with d 2 sho codexar	1/2	THER'S NAME ATTERST ANDO	Ruth	15 MOTHER'S MAIDEN NAM	E	Pugh
e be execu		WAS DECEASED EVER IN U.S. ARMED YES, NO OR UNKNOWN) (IF YES, GIVE WAI		RITY NO 17 INFORMANT	fin 723 N.	Avandak Rd.
VES, 201 W. PRESTON ST., BALL W requires that the death certifica n signed by the attending physici hen please remove carbon papers r to burial, cremation, or removal ny injury, or other traumatic even	No	Conditions, if any, which gove rise to immediate cause (o), stating the underlying couse last	DUE TO, OR AS A CONSEQUE	ydration. Sep	sts Lection NAL DISEASE OR CONDITION GIV	BETWEEN ONSET AND DEATH BETWEEN ONSET AND DEATH JEN IN PART 1(0)
V: The law reference of the has been signed permit. Then liene prior to	CERTIFICATION	1% DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CERTIF	S, WERE FINDINGS USED SYING CAUSES OF DEATH? S 20 NO
PHYSICIAN Up physician. This certificat Mental Hygis J or Item 18		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DA P.M.	Y YEAR	D (ENTER NATURE OF INJURY IN ITEM 18, P	ART I OR PART 2)
ENDING PHYSI or attending phys DR: After this cer e as the burial-tr ealth and Mental is marked or Ite	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA	RM, ETC. 214 LOCATION STREET	CITY OR TOWN	COUNTY STATE
or a or a or a or a or a		22e certify that (1) (this hospital) sow the deceased alive on abave (1) (we (did) (did not) vi	3/17 19	Marille 19, 19 80	eath occurred on the date and hou	19, that (we) last or and from the couses stoted
AL CAR NL DIR Rached e Depti		226. SIGNATURE WANG	N. KIM	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	3/20/80
TO HOSPITA retained by the TO FUNERAL should be detained with the State with the State		22d PHYSICIAN'S NAME (TYPE ORPRI	tim M	D 120 ADDRESS 130 A 521 B	URTON AVE	21216
BP	· ·	Burial	3-24-80 148	AME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	The mg.
92/3 DHMH-16 25M (VRA 15, 41 1/79	6.4	antha C. Dong	1935 103	Avendale 2 MAR 2	REC'D, BY REGISTRAR HAND ST	RAN SECOLUBBLY

carelal Landay 10 1 x- 723 N. Hugadale 18 Roberson Roffin Mansy Parker 723 Whimbal & Burral 1-24-10 Holly Hills March Contland Contla - STATE

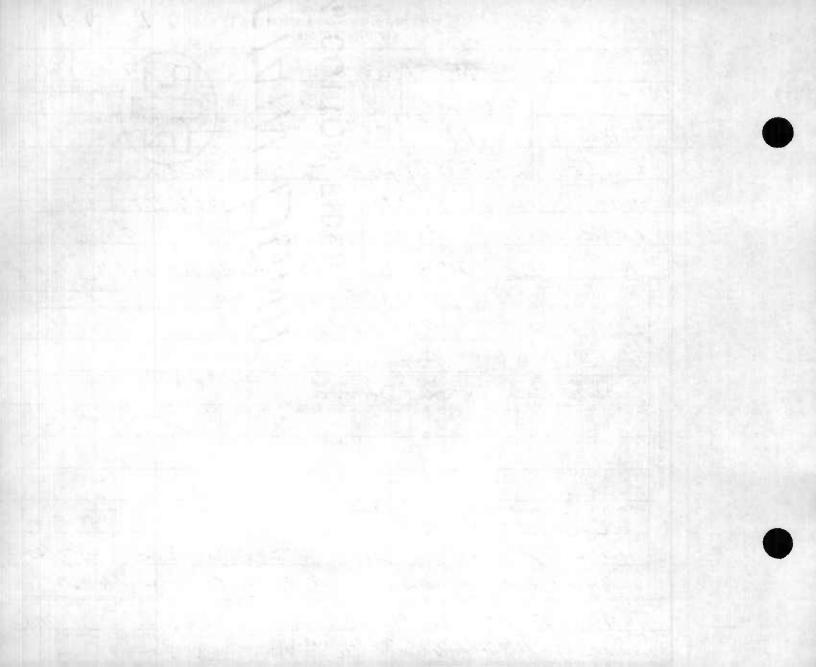
REGISTRAR

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYPENE

CERTIFICATE OF DEATH

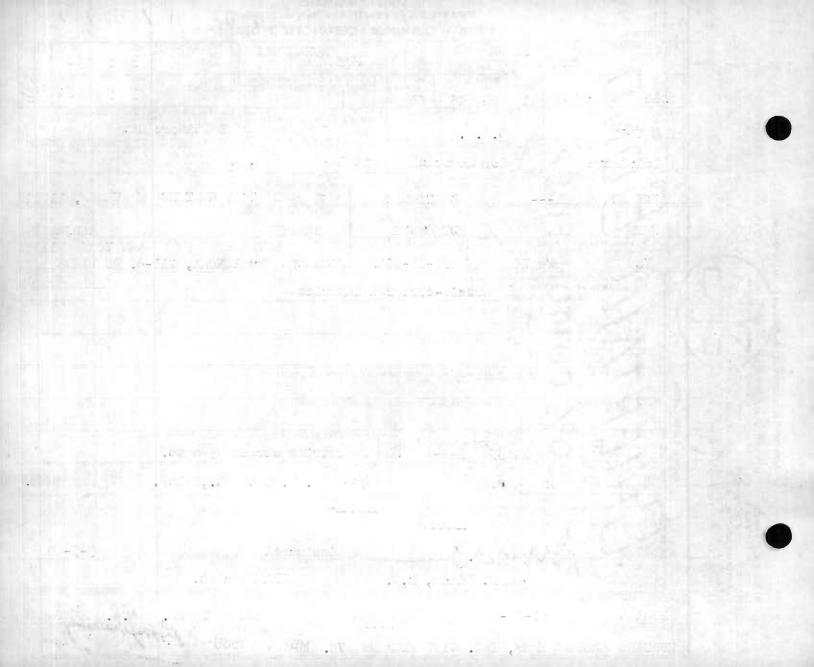


				STATE OF MARYLAND	0 0	mg 24 74 mg
15	1	FOR - STATE	DEPART	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIÈNE U	1091
N		REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
	1 D	ECEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH M	2
noy be poge 3 sr deoth	,,,,,	AME	LIA M	THE GOTTO AND	3	7 86 730 P.M
à 6 6 P	3 SI		4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHE	
# 2 m	3 51	.^		MONTH DAY YEAR	AGE (IN TEARS LAST BIRTHL	MONTHS DAYS HOURS MIN
rs oct		_	Caucasian	2-24-1905	- 13	YRS.
Poge 4 mor director, por hours ofter c	7a 1	BIRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8 24	9 BALTIMORE CITY OR	COUNTY OF DEATH
72 22	>	country md.	U.S.a.	MARRIED NEVER MARRIED WIDOWED DIVORCED		Citis MD.
wie e	10 0	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSII	NG HOME OR OTHER INSTITUTION	12a USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF)	
- 5 Fp Ed	/	Palto.	Ballo City	Harry Tal,	1 1	LDAL.
2120 hours d in by l be fill	USI	JAL RESIDENCE (IF NURSING HOME OF	ROTHER INSTITUTION, GIVE RESIDENCE BE OF	E ADMISSION)		
NN 24 fille oulo	130.	md 136 COU	3n Ho 13t. CITY OR TOV	13d INSIDE CITY LIMITS?	429 West	theme Ways
within within d 2 sh	14. F	ATHER'S NAME		15 MOTHER'S MAIDEN N		
MAR ed w	0	Christian	MIODLE - MA	16 m FIRST	MIDDLE	S A LAST
Comp Lon Lon Lon	14.	WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SEC	10) Mary	ADDRES:	allroman
BALTIMORE, core be execu- ysicion and co ppers, Pages 1 val.		(YES, NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATES)	JRITY NO. 17 INFORMANT	11 . ADDRES	75
I.No		100	70 217-09	-8516 Dougs &	/cuagiera	429 Westrasper
BALT cote b copers cool. nt, the		18 CAUSE OF DEATH (Enter or	nly one couse per line for (a), (b), or	nd Ic	00	APPROXIMATE INTERVAL BFTWEEN ONSET AND DEATH
		PART I. DEATH WAS CAUSE	DBY:	IONESPRATORY A	RREST	MINGTES
d ST.,	-1	IMMEDIA	TE CAUSE (o)	3 (32 3		7017101710
5 000 to		410-	DUE TO, OR AS A SANSES	ENCE OF	701	14/1
PRESTON the death of the offendi remove cor emotion, or		Conditions, if ony, which	(1b) 10/9/2K	AND AZ INFARK	1100.	119.
PR the of the cemon		gove rise to immediate cause (a), stating the	DUE TO OR AS A SOMESTON	SUCE OF		
		underlying couse lost	DUE TO, OR AS A CONSEGUE	ENOSCLENOSIS		
5, 201 sires the						
DIVISION OF VITAL RECORDS, 201 NG PHYSICIAN: The low requires the other ding physicion. After this certificate has been signed as the buriol-tronsit permit. Then ples the and Membal Hygiene prior to burion orked or them 18 shows any injury, or orked or them.	Z	CGREBA	4	DEATH BUT NOT RELATED TO THE TER	rminal disease or condi	TION GIVEN IN PART 1(0)
ecow re	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY?	206. IF YES, WERE FINDINGS USED
AL REGOVER LE PORTO LA PORTO L) [은				- 1- 1	IN CERTIFYING CAUSES OF DEATH?
TALRI The lo icion.	의 팂				YES NO	YES NO
N OF VITAL RE SICIAN: The le ng physicion. certificate has infol-transit per tental Hygiener tental Hygiener tental Bygewes	_ W	210. ACCIDENT WAS UNDERLYING			RRED (ENTER NATURE OF INJURY	IN ITEM 18, PART 1 OR PART 2)
SICIAI ng ph certifi uriol-tr Ventol	1 3	OR CONTRIBUTING CAUSE OF DEA	A111	19		
ON OF HYSICIA phiding phisis certification buriol-trimmental or item.	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY	211 LOCATION		
VISIOI G PHY orthis orthis chebu	¥	WHILE NOT WHILE	(AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.) STREET	CITY OR TOWN	COUNTY STATE
DIVISION DIVISION OF THE PROPERTY OF THE PROPE		AT WORK NOT WHILE		12 3	1 5/7	9-)
0 0 F	- 1	22a. I certify that (1) (this hospi	ital) attended the deceased from	80 and that is (ma) (aux) anisis	. to	, 19, that (I) (we) lost
OR ATTEN OR ATTEN The hospital Director or us oched for us Dept of the		saw the deceased blive on above ill and did did no	ats view the past ofter death.	ond that in (my) (our) opinio	n deoth occurred on the dot	e and hour and from the couses stated
DR A hos hos hos hos	-1	225 SIGNATURE		DEGREE		22c. DATE SIGNED
AI OR Ay the hos AI DIRECT DIRECT OF DEPT AIT: If them	- 1	1 smille	frete.	ATTENDING	MEDICAL STAFF	7/7/6
RAL del tote	_	1		PHYSICIAN	DIRECTOR PHYSICIA	NX 2//00
HOSPI		274 PHYSICIAN'S NAME WHEO	AMINI RENDO	The ADDRESS	- /	4: 1/200
TO HOSPITAL Cretoined by the TO FUNERAL Eshald be detoined with the Stote Elementary in the Stote Elem		BILADEL	-1 100 MDG	15/12	13 (17	y HOUR
○ 후 등록 <u>▼</u>	23n	BURIAL, CREMATION, REMOVAL	23b. DATE 23c.	NAME OF CEMETERY OR CREMATORY	23d. LOCATION	
470500	1	(SPECIFY)	1 3-11-81	Data Pa	CITY OF TOWN	COUNTY STATE
7200 BP		reune	- 0 11-10	yare yaun	real	w. ma
DHMH - 16 50M 1/76	24.	FUNEBAL DIRECTOR	MALAN ADDRESS	22/2Hudaa	ATE REC'D. BY REGISTRAR 25	BEGISTRAR'S SIGNATURE
(VR A 15 (4))	10	une u.	10 machen	SC MAR	1 1 1980 1	intry/Hebreody



	내용하다 등에 원인 경찰 마음하다 않는데 살아가면 하고 있다면 하다면 하는 것이다.
	내 마음 보기는 경찰에 인용에 남아가 되었다. 나는 중국 하면 된 그 나라면서 가게 되었다.
	그는 사람들은 이 중요하는 것이 되는 것이 없었다면 하는 사람들이 모든 것이 없었다면 했다면 하다.
THE THE RESERVE	
SE SE SE SE SE	

1-	STAT REGI	E ISTRAR			MI	EDICA	AL EX	AMIN	ER'S	ERTIF	ICATE	OF DE	ATH		REG. NO	0.	9	9 9	
	PE OR P	SED NAME	AKA FRA	NK F	RANK	WIDDL	E	311	R	JTKAY	UTKOW	SKI	C	OF E	OWN X	3 MONTH	5	Y YEAR 1980	2b. HOUR
3. SE	x nale		RACE White	MON	TE OF BIRTH		AR	AGE (IN YE LAST BIRTHD	AY) MONTE	DER 1 YR	R. IF UND	DER 24 HRS	PRON	OUNCE DEAD	D	монтн	5		14 HOUR 4:45 a M
F	OREIGN	YORK			U.S	VHAT CO					VEVER MAI	RRIED .			-	orcour e Cit			MD.
	Ва	R TOWN C	ore	(#	AME OF HO	OSPITAL, FACILITY, G Mem	oria	al Ho	or oth	ER INSTIT	TUTION	FO	SUAL OC OR MOST OF	WORKING	G LIFE)	PE OF WORK	12b. I	KIND OF BU OR INDUSTI	SINESS
13a.	STATE	YLAND	13b. COL	JNTY	INSTITUTION,	13c. C	CITY OF	ORE ADMISSI TOWN TMORE		YES X		□ 2 8				ON A	VEN	NUE, 2	1211
	J	R'S NAME FIRST OHN	EVED IN LO	MIDDL				WSKI	V NO	F	HER'S MA FIRST BESSI	E		MIDDI				RADJE	
160.	YES, NO	YES	, , , , , , , ,	WW I	I	0	57-	12-86		FLOE		BAYS			ADDRESS 211	TATEM	45	DRIVE	11361
7		gave rise cause (a) : lying caus	s, if any, which to immediate the immediate to immediate the under	ch ote er-	(b) DUE TO, O	R AS A C	CONSE	OUENCE (OF			(PART 1 (a).							
CERTIFICATION	19a.	DATE OF	OPERATION	93	196. COND	DITION F	OR WH	ICH OPER	ATION W	'AS PERFC	DRMED?						20	AUTOPSY?	NO []
MEDICAL CER	21a. UNI CO	DERLYING NTRIBUTIN	CAUSE WAS OR IG CAUSE O	OF DEAT		м. мон м. 3-	TH D		Pe	dest	ry occur rian					PART 1 OR F	PART 2]		
MED	WH AT	INJURY O		Į.	21e PLACE STREET, FA TOA	CTORY, FAI	URY (.	AT HOME.	40		k. W.	28t1	h St	Ba, Ba	lto.	•	OUNTY		Ma .
	ACT SIG	TUAL NATURE _	JAME A	itural caus		A <u>ccid</u>	ent C	X, Su	icideM	TITLE	Inspec micide (SPECIFY) SISTA	, Und	letermine	XAMIN	er ,	DATE SIGN		3 -5- 8	0
23a.	BURIA	L, CREMAT	ION,REMOVAL	23b. DA1	E	2	3c. NA/	AE OF CE	METERY O			23d.	LOC ATIO	N N	Titz		YTAUG	ST	ATE A DID
24.	FUNER	RIAL RAL DIRECT	OR	103-	10-80				HIL 1229		250. DA1	TE REC'D.	ROOK!	STRAR	PK 251, 44%	A.	A.	MARY	LAND
1	HIB]		FUNERAT	НОМ	E TN	C - 4	107				MAR	11	1980		and a	7	-	- 1	



		4	-I	tems 2a g	542 4/1	8/80 gd			OF MARYLAND	9 17	7 7	0 0
		0	1 -	FOR STATE REGISTRAR			DEPART		ALTH AND MENTAL HY			
	12	88.1	1 DEC	EASED NAME	FIRST	MID	DLE	LAS		REG. N	MONTH DAY	YEAR 2b HOUR
	(1/1)			OR PRINT)	JO HN		5.	RUT	Kows Ki	II. DAIL OF DEATH	3 8	73 5A M
	ge 4 me ector. pe		3. SEX	MALE	4	RACE WH	ITE	5. DATE OF	BIRTH OAY YEAR 4	6. AGE (IN YEARS LAST BI	MON	INDER I YEAR IF UNDER 24 HRS ITHS DAYS HOURS MIN.
	erol dir	333		RTHPLACE STATE OR F	OREIGN 7b	CITIZEN OF WI	HAT COUNTRY	MARRIED	NEVER MARRIED DIVORCED	9 BALTIMORP CITY		FDEATH MD.
_	ofter de	hotified of	10. C1	Y OR TOWN OF DE	ATH 11		SPITAL, NURS	NG HOME OF	OTHER INSTITUTION	176 USUAL OCCUPATION OF WORK FOR MOST		126 KIND OF BUSINESS OR INDUSTRY
2120	5 6 9	0	USUA 130 S	L RESIDENCE (IF NUR	SING HOME OR OT	HER INSTITUTION, GI	VE RESIDENCE BEFO	RE ADMISSION)	136 INSIDE CITY LIMITS?	13e. STREET ADDRESS	TTLADE	REII
LAND	F 7-8	and September	14 FA	MD. THER'S NAME	BA	NTO.	ESS	EX	YES NO S	308	NICHO	LSON RD
MARY	ed with	exording 30	10.17	FIRST	ETER	DIE RY	TKOW		FIRST	OELINE.		LAST
BALTIMORE, MARYLAND 2120	e execut	medicol		AS DECEASED EVER es, no or unknown)	(IF YES, GIVE W	AR OR DATEST	114-01-		HELEN	JENKINS	ESS	ABOVE
	ificate by physician popers.	ent, the		18 CAUSE OF DEAT PART I. DEATH V	AS CAUSED	one couse per lin			(THARAMIC) HEMORA-HA	tar	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PRESTON ST.,	nding p carban	natic ev		431-	IMMEDIATE (AS A CONSEOR	JENCE OF	CIMITON	Дооги	0	
PREST	the dear the atternave	er fraur		Conditions, if ony gove rise to im couse (o), stati	mediote	(b)	AS A CONSEO	IENCE OF				
201 W.	s that ed by please rial, cr	or ath		underlying coust		(c)						
RDS, 2	equire n signe Then p	injury,	NOI	PART 2 OTHER SIG	NIFICANT CO	NDITIONS <u>CON</u>	ITRIBUTING TO	DEATH BUT N	OT RELATED TO THE TER!	AINAL DISEASE OR CON	IDITION GIVEN	IN PART 1(0)
DIVISION OF VITAL RECORDS,	he low r on. has bee t permit	ows ony	TIFICATION	190 DATE OF OPERA	TION	196 CONDITE	ON FOR WHIC	H OPERATION	WAS PERFORMED	200 AUTOPSY?		/ERE FINDINGS USED IG CAUSES OF DEATH?
F VII	IYSICIAN: The lading physicion.	18 sh	0	210. ACCIDENT WAS UN	CAUSE OF DEATH	21b. TIME OF I HOUR A.M.		AY YEAR	21c. HOW INJURY OCCUP	RED (ENTER NATURE OF INJ	JRY IN ITEM 18, PART	1 OR PART 2]
NOIS		dor Iter	MEDICAL	(IF EITHER, NOTIFY MEDIC 21d. INJURY OCCUR	RED	P.M. 21e. PLACE OF (AT HOME, STREET	INJURY	FARM, ETC.)	21f. LOCATION STREET	CITY OR TO	WN	COUNTY STATE
DIVIS	NG PI	orked	200	AT WORK - AT WE				2/1-	2	7/	9	£0
	TTEND pital o TTOR:) for use of Hea	21 is m		sow the decess obove, (I) (we) (ed olive on	oftended the of	19_	50 , onc	that in (my) (opinion	death occurred on the o	lote and hour or	, that (4) (we) last and from the couses stated
	the hos I DIRECTORED IN DIRECTORED IN DIRECTORED IN THE DEPT.	: If Hem		22b. SIGNATURE	Vella	1 with		ND.	EGREE ATTENDING PHYSICIAN	MEDICAL STA		220. DATE SIGNED
	TO HOSPITAL (retained by the TO FUNERAL (should be deta with the State [MPORTANT		228. PHYSICIAN'S N	The Theat	1			220 ADDRESS BATTIMS!		Llos Citi	1
31	TO HOS retoined TO FUN should b	M.	23a B	URIAL, CREMATION	REMOVAL	23b. DATE	230	NAME OF CE	METERY OR CREMATORY	23d. LOCATION CITY OR TOWN	-	CTATE
1500	3 BP		(5	BURIA	_	3/11	180	HOLY	ROSARY	51	1470.	MID.
	OHMH - 16 50M 7/3 (VR A 15 (4))	77	24 FL	NERAL DIRECTOR	LY	F.H.	ADDRESS 300	mi	9CEAC M	AR 12 1980	Pirts	Me Bready

JOHN KUTCHER MALE WHITE BY MAN THE THE PARTY OF THE PARTY RETURN KATERONSKY CONTRACTOR Mitacteental (Television) Howardags TO GARTIMENE CITY HOLDING BURNEL SILIJE BUY LOSHER CONTRACT FAIL BEN MADE IN MAR 12 1001 March Manual

FOR

SINGLETON

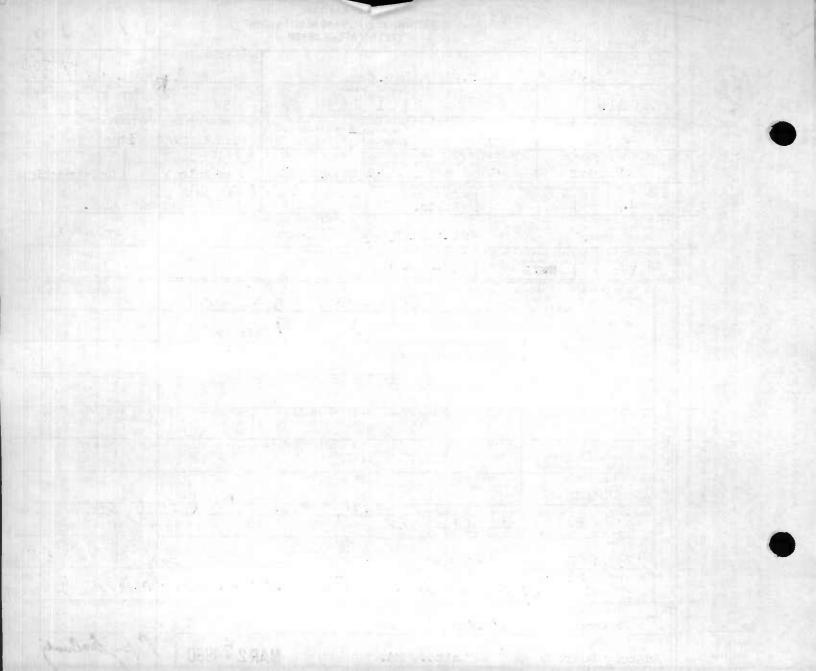
(VRA 15, 4) 1/79

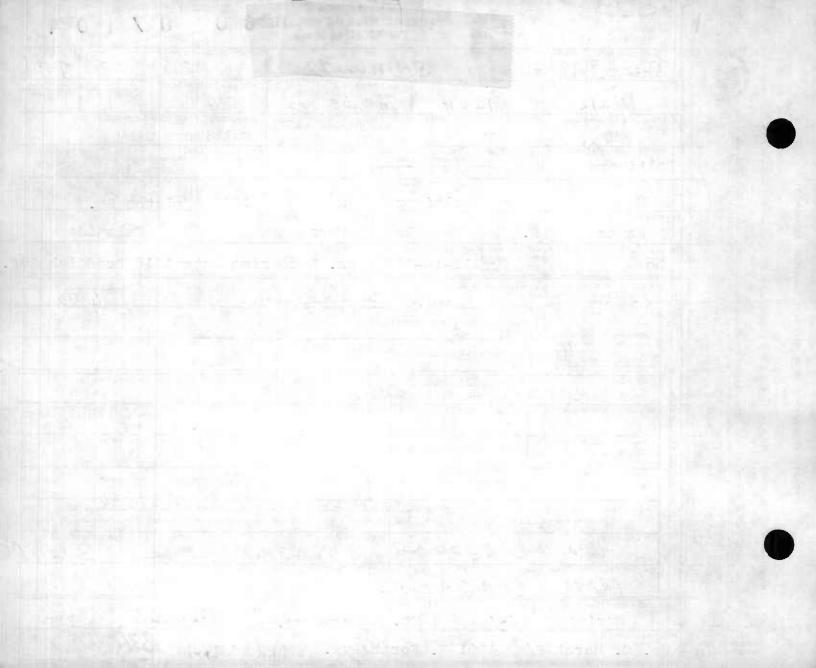
AGAN STATE OF THE	Till Strands 1 Special
	The Mental History of the Party President Pres
	A STOR WELL TO
	Total Lord House Lawrender
priant	Corumny vomezon
	1 A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	The same of the sa

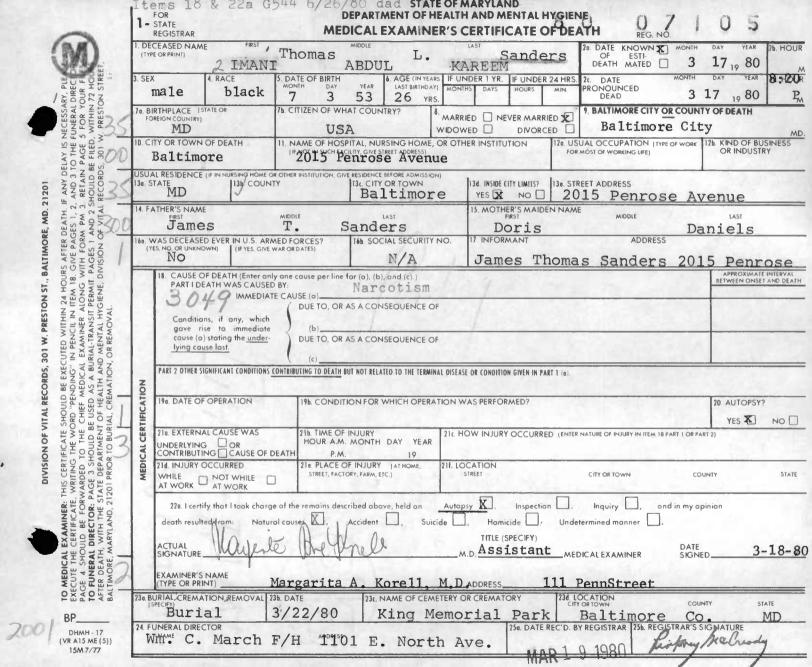
1-	1				STAT	E OF MARYLAND				
1	1.	FOR STATE REGISTRAR				ICATE OF DEATH	REG. NO	0	71	0 2
(100 ,	I DE	CEASED NAME FIRST OR PRINT)		MIDDLE		AST	2R DATE OF DEATH		AY YEAR	25. HOUR
X			herine	H.	R	YLAND	yı.	u.L. 1	4,80	20.
2 4	3 SE		4 RACE		5 DATE		4. AGE JIN YEARS LAST BIRT		IF UNDER I YEAR	IF UNDER 24 HRS
s aft.		Female	Wh.	te	Oct		80	YRS.	AONTHS DAYS	HOURS
at o	70 B	RTHPLACE (STATE OR FOREIGN	75 CITIZEN OF	WHAT COUNTRY?	1	D NEVER MARRIED	9 BALTIMORE CITY O		OF DEATH	
75 July 2		orth Carolin	a USA	A	WIDOW		Baltimo:	re Ci	ty	м
or the not		Baltimore	11. NAME OF	HOSPITAL, NURSIN ICH FACILITY, GIVE STREET Edgevale	G HOME (ADDRESS) ROA	OR OTHER INSTITUTION	120 USUAL OCCUPATE ITYPE OF WORK FOR MOST O Homemal	ON FWORKING LIFE ZOP	125 KIND O INDUSTRY OWN	Home
and be find	13a	AL RESIDENCE IN NURSING HOME STATE 136 COL Aryland	OR OTHER INSTITUTIO		ADMISSION) N	134 INSIDE CITY LIMITS?	13ª STREET ADDRESS 401 Edge	evale	Road	
shou	-	THER'S NAME				15. MOTHER'S MAIDEN NA				
3300	1	Exum T	homas	Harmo	n	Susan	Bel:	Le	Rais	gan
1 an	160 V	VAS DECEASED EVER IN U.S. A	RMED FORCES?			17 INFORMANT	ADDRE	SS	-	J
the the		(IF YES, G	IVE WAR OR DATES)	213 74	1122	William H	Rwland		Same	
ent,						WIIII II	• Ity Lana			MATE INTERVAL
mov c ev		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAUS	SED BY	1 one		Them bosis			BETWEEN	ONSET AND DEAT
E E		410	ATE CAUSE (a)_							
rau		110	DUE TO, O	OR AS A CONSEQUE	NCE OF					
atio er t		Conditions, if ony, which	(Ib)_							
emati		gove rise to immediate couse 101, stating the	S DUE TO	OR AS A CONSEQUE	NICE OF					
l, cr		underlying cause lost		DR AS A CONSEQUE	NCE OF					
hen pleas to burial ny injury,		PART 2 OTHER SIGNIFICANT	(c)(c)	ONTRIBUTING TO	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVE	EN IN PART 1	01
Then or to any	CERTIFICATION									
NS T	\ ŏ	190 DATE OF OPERATION	196 CONE	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?		, WERE FINDING CAUSES	
	E						YES NOT	1		NO 🗆
transit permital Hygiene Item 18 sho		210. ACCIDENT WAS UNDERLYING	110110	OF INJURY	V YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18, PA	ART 1 OR PART 2)	
Mental Mental	MEDICAL	OR CONTRIBUTING CAUSE OF D IF EITHER, NOTHY MEDICAL EXAMINE	CAIR	P.M.	19					
	ă	21d. INJURY OCCURRED		OF INJURY		211 LOCATION	CITY OR TOW	(1)	COUNTY	STATE
n and	\$	WHILE NOT WHILE AT WORK	TAT HOME, S	TREET, FACTORY, OFFICE, F	ARM, ETC.)	319661	CIII OK IOV		COOMIT	SIAIE
e as ealth is n		22a 1 certify that (1) (this has	pital) ottended t	he deceosed from_		10 years	to	. 1	19	that (I) (we) la
r us		saw the deceased olive of above (1) (we) (did) (did)			80 .0	nd that in (my) (our) opinion	death occurred on the do	te and hour	and from the	couses stated
ched for use a Dept. of Hea		22b. SIGNATURE	not) view the bod	y atter death.		DEGREE			22c DATE	
Sched f Dept.		THE SCHOOL STATE OF THE SC	12	5-1		ATTENDING	MEDICAL _ STAF	F _	2/1	11. /00
State C	1	22d. PHYSICIAN'S NAME (TYPE	3/0-	run	~	PHYSICIAN E	DIRECTOR PHYSIC)AN [3/.	14/00
should be detactivity with the State		Dr. Thomas		ner, M.D			Hard Ave	- ~/	Baltin	me Md
shou	23a	BURIAL, CREMATION, REMOVA			IAME OF	EMETERY OR CREMATORY	23d. LOCATION		COUNTY NE	STATE
171-		Cremation	3/17	/80 G	reen	mount	Balto.,		Me	d.
1-16 25M	24 F	UNERAL DIRECTOR Hen	ry W.	Jenkins	& So	ns Co. 250. DAT	E REC'D. BY REGISTRAR	25b. REGIS	RAR'S SIGNAT	URE
15, 4) 1/79	1,	905 York Roa					AR 1 7 1980	ph.	17/10	Uready
	14	/U) LUIN LUA	The most			1 111	711 - 1000			

TOPELL CHECKER TOPELL

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. FIRST MICOLE LAST 20 DATE OF DEATH MONTH I. DECEASED NAME (TYPE OR PRINT) Raymond IF UNDER 24 HRS 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHOAY) IF UNDER I YEAR 3. SEX YEAR S Male 10 BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE ISTATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? MARRIED - NEVER MARRIED COUNTRY Baltimore Conv Md. USA WIDOWED [11. NAME OF HOSPITAL NURSING HOME OF OTHER INSTITUTION 12a, USUAL OCCUPATION IN CITY OR TOWN OF DEATH 12h KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET AODRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Baltimore Good Samaritan Hospital Mechanic Construction USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13e STATE 13e STREET ADDRESS 136 COUNTY 113c. CITY OR TOWN 13d INSIDE CITY LIMITS? Pla MD. 4126 Raymonn Ave. Balto. NOF 15 MOTHER'S MAIDEN NAME 14. FATHER'S NAME MIDOLE MIDOLE FIRST Forestell. St. Clair Sr Raymond ADDRESS In WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT (YES, NO OR UNKNOWN) I (IF YES, GIVE WAR OR OATES) 218-18-506 Yes WWII 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
Respirat IMMEDIATE CAUSE (0 OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) DIVISION OF VITAL RECORDS, CERTIFICATION 206. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES [210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 19 21s PLACE OF INJURY 211. LOCATION 214. INJURY OCCURRED o CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) AT WORK AT WORK 22a.1 certify that (1) (this haspital) attended the deceased from sow the deceased alive an above, (M (we) (did) (did not) view the body after death. and that in (my) (our) apinion death accurred on the date and hour and from the causes stated DEGREE 22c. DATE SIGNED ATTENDING MEDICAL FUNERAL PHYSICIAN DIRECTOR PHYSICIAN MPORTANT: 22d. PHYSIGIAN'S NAME (TYPE OR PRINT) 22e. ADDRESS should be 23d. LOCATION 230. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE STATE CITY OR TOWN 3/22/80 Removal 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATION 24. FUNERAL DIRECTOR DHMH - 16 25M ACORESS (VR A 15 (4)) 9/74 Balto., Md. Anatomy Board







0 3 K . A SA STATE OF LEVEL STATE OF THE SAN STATE OF THE SAN

			STA	TE OF MARYLAND		
5	1 -	FOR STATE REGISTRAR		HEALTH AND MENTAL HYG IFICATE OF DEATH	ENE () ()	7 1 0 6
(N)		CEASED NAME FIRST	MIDDLE	LAST FILL	20. DATE OF DEATH MO	NTH DAY YEAR 16 HOUR STAN
may pog	3. SEX		ACE WHITE 5. DOY	OF BIRITY 1889	6 AGE (IN YEARS LAST BIRTHD.	AY] IF UNDER 1 YEAR IF UNDER 24 HRS
age 4		Female	XXXXXXXXXXX XXX	111		YRS. 2 DAYS HOURS MIN
death. Page uneral direc hin.72 hours		RTHPLACE RUSS PAIGN DUNTRY XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	USA WIDOV		Baltimore city or	Mf. Coty MD.
ofter the f d wit	10 Ci	Balto.	NAME OF HOSPITAL, NURSING HOMI (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	OR OTHER INSTITUTION HOS	120 USUAL OCCUPATION L(TYPE OF WORK FOR MOST OF W	
AND 212 AND 212 AND 212 AND 212	13a. S	TATE 134 COUN	ER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION BALTIMORE	YES NO XX		ERSET AVE. #21208
E, MARYL/	14 FA	THER'S NAME SAMUEL	SATIŠKY	15. MOTHER'S MAIDEN NAM CELIA	MIDDLE	UNKNOWN
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 NG PHYSICIAN: The law requires that the death certificate be executed within 24 hours of the ding physician. We have certificate has been signed by the attending physician and completely filled in by as the buriol-transit permit. Then please remove carbonappers. Pages 1 and 2 should be filled in by as the buriol-transit permit. Then please remove carbonappers. Pages 1 and 2 should be filled and Mental Hygiene prior to burial, cremation, or removal. arked or frem 18 shows ony injury, or ather traumatic event, the medical examiner must be against the medical examiner.		VAS DECEASED EVER IN U.S. ARI ES, NO OR UNKNOWN) (IF YES, GIVE NO		17. INFORMANT HEN		7923 WINTERSET X · AVE. #21208
T., BALT Tificote b physicio npapers movol.		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE IMMEDIAT		5/10015		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH LA SAUS
RESTON S: death cer : ottending move carbo otion, or re troumatic e		5198 Conditions, if any, which	DUE TO, OR AS A CONSEQUENCE OF		77	3 0845.
that the day the others removed, cremotic		gove rise to immediate couse (a), stating the underlying couse lost	DUE TO, OR AS A CONSEQUENCE OF			
GDS, 201	NO	PART 2. OTHER SIGNIFICANT C	IDITIONS CONTRIBUTING TO DEATH B	JT NOT RELATED TO THE TERM	INAL DISEASE OR CONDIT	TION GIVEN IN PART 1(0)
AL RECOR	CERTIFICATION	19a. DATE OF OPERATION	196 CONDITION FOR WHICH OPERAT		20a AUTOPSY?	N CERTIFYING CAUSES OF DEATH?
ON OF VITA HYSICIAN: TH ding physicic is certificate buriol-tronsit Mental Hygii		21a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEA			
//SION OF VITA PHYSICIAN; T trending physici re this certificate the buriol-transi and Mental Hygi and Arental Hygi and or them 18 sh	MEDICAL	(IF EITHER, NOT IFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	P.M. 15 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
DIN ENDINC al or o OR: Affe Use as Health		22a. I certify that (I) (this hasping sow the deceased alive on	- / 5 - 60	107,1977		, 1950, that (I) (we) lost
OR ATTI e hospit DIRECTC sched fai Dept. of		obove, (1) (we) (did) (did no	ew the body ofter death.	DEGREE	MEDICAL STAFF	22c. DATE SIGNED
PITAL by the ERAL State State		THE PHYSICIAN'S NAME (TYPE OF	' .	ATTENDING PHYSICIAN 220. ADDRESS	DIRECTOR PHYSICIA	NO 3/9/80
TO HOS retained TO EUN should be with the	02.0	17	- WIN	LOVINDA	1/5 6EM.	Alric On.
4038 BP	(5	BURIAL CREMATION, REMOVAL	MAR.10,1980 BNAI	CEMETERY OR CREMATORY I SRAEL	23d. LOCATION CITY OF TOWN BALTIMOR	MARY LAND
DHMH - 16 50M 1/76 (VR A 15 (4))		UNERAL DIRECTOR SOL L NAME 010 REISTERSTOW	VINSON & BROS., INC		R 1 1 1980	b. RECUTERAR'S SIGNATURE

1 1	FOR 1 - STATE REGISTRAR		MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.										
(DA)	1. DÉCEASED NA (TYPE OR PRINT)	AME FIRST Rober	t	MIDDLE E		Savage	20	DATE KN OF E DEATH M	IOWN A	MONTH 3		YEAR 2	b. HOUR
W	male	black	5. DATE OF BIRTH	1952 6. AGE (1	THDAY) MONT	DER 1 YR. IF UNDER	24 HRS. 20 MIN. PR	C. DATE RONOUNCE DEAD	MAR.	MONTH 3	DAY		B:10P
S POR A WITHIN WITHIN S POR A WITHIN	BIRTHPLACE FOREIGN COUNT MARYI	AND		S.A.	WIDOW		ED 9	Balti	more.	City	TY OF DEA	TH	MD.
PAGE PAGE PAGE PAGE PAGE PAGE PAGE PAGE	Baltimo	re	3703 Sp	PITAL, NURSING HO CILITY, GIVE STREET ADDRE Pringdale	Aven u e	ER INSTITUTION	12a. USUA FOR MO	L OCCUPAT OST OF WORKIN	TION (TYPE G LIFE)	OF WORK	12b. KIND (OR IN	OF BUSII DUSTRY	NESS
21201 F AN DE 2, AND 3 3. RETAIN SHOUID IN	MARYLA			PERESIDENCE BEFORE ADA 113c, CITY OR TOW BALTIN	N	13d. INSIDE CITY LIMITS? YES NO	13. STREE 3703	T ADDRESS SPR	INGD	ALE	AVE.	2]	1216
MD. ATH	14. FATHER'S NA FIRST CHAR	RLES	WIDDLE	SAVAGE		BERDELI	N NAME	MIDDI			JOHNS	SON	
", BALTIMORE, DURS AFTER DE B. GIVE PAGE. B. GIVE PAGE. I AN DIVISION OF	NO. OR UN	SED EVER IN U.S. ARM KNOWN) (IF YES, GIVE V	WAR OR DATES)	212-60-		BERDELLA	WIL		ADDRESS 4302	RII	OGEWO	OD	AVE
KDS, 301 W. PRESTON ST., I EXECUTED WITHIN 24 HOUNG" IN PENCIL IN ITEM 18. I CLAL EXAMINER ALONG VA BURIAL-ITEMSIT PERMIT. I AND MENTAL HYGIENE, DION, OR REMOVAL.	Condi gave couse lying	itions, if ony, which rise to immediate (a) stating the <u>undercouse last</u> .	E CAUSE (a) DUE TO, OR (b) DUE TO, OR (c)	AS A CONSEQUENCE AS A CONSEQUENCE BUT NOT RELATED TO THE	CE OF	E OR CONDITION GIVEN IN PA	RT 1 (a).						
RECOF DID BE PENDIII F MED ED AS HEALTH	TIFIC	OF OPERATION		ION FOR WHICH O							_	OPSY?	NO [
VISION OF CERTIFICATE THE WATER TO THE WATER THE WATER TO	CONTRIBL	NAL CAUSE WAS NG OR JTING CAUSE OF D Y OCCURRED NOT WHILE	21e. PLACE C	3/31 19 DE INJURY (AT HOME ORY, FARM, ETC.)	80 se	If inflicteration Treet 03 Springe	ed wor	und	WY.			MD	STATE
TO MEDICAL EXAMINER: THIS OF SECULE THE CERTIFICATE, WRINGE 4 SHOULD BE FORWARD TO FUNERAL DIRECTOR: PAGE AFTER DEATH, WITH THE STATE IS BALTIMORE, MARYLAND, 21201 P	22a. I ce	ertify that I took charge sulted from:	of the remains des	cribed abave, held o	Suicide XX	sy XX, Inspection	Undetern	Inquiry mined mann], ond	DATE SIGNE	Dinion	4/1	/80_
3 8P	23a. BURIAL, CREA	MATION, REMOVAL 23 BURIAL O		23c. NAME OF NEW CA	CEMETERY O	R CREMATORY RAL CEM. 250. DATE R	23d. LOC. CITY OR BAL	ATION	RE	COU!	MARY	STATE	

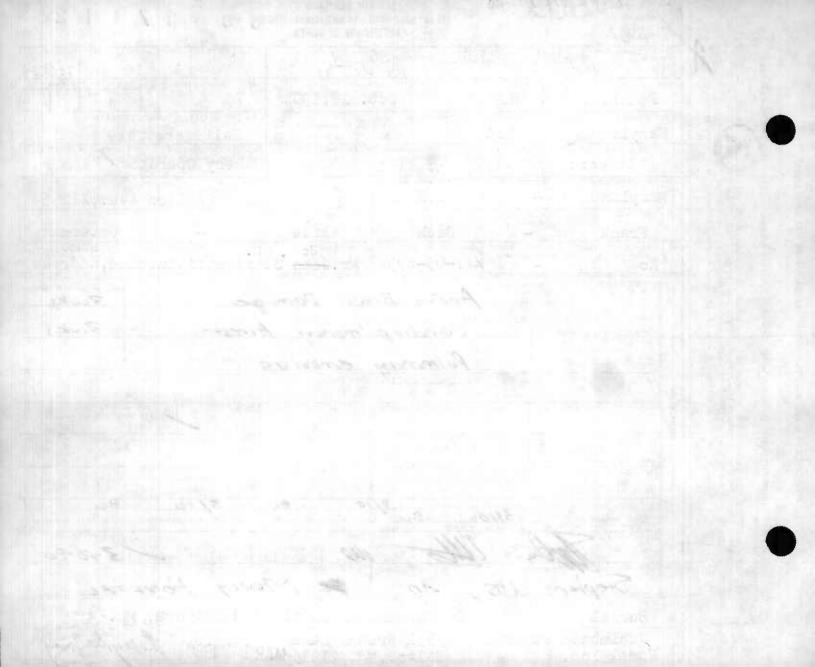
12	25 m 1	r .	314	
18 8 .			3	
11 A C M X	in X	• • •		
	numrva		705	
. H. Marines I			The State of	
	Carlor Sant Steel Of			
, 121, 27m, 20 ± 8	1273 of the 12.5	4.5		
	1200			
	2.9 244			
English .color dema	Lagrent State of Lagrent			
Color Marie	e real and			

BISIS event Led . Ava fight dear 7 offices comes 0-07 to 004 Burial - 1/18/80 -010-1-2015 -01 - 123 Burning 1.47 4 4 400 George d. Comes 1001 attoniss heavy. 211 2 MAN 1980 1

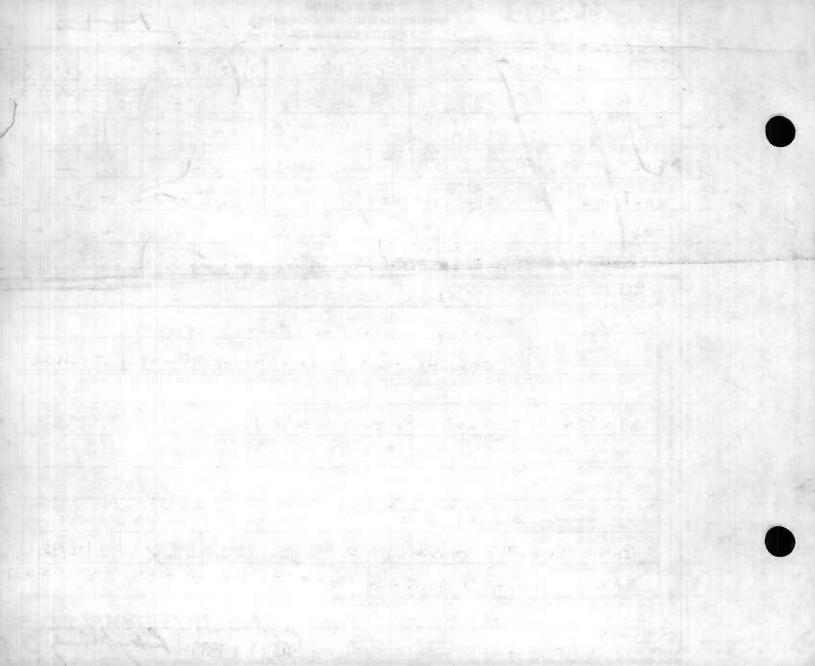
of a central company of the company Wite 196. 30, 1966 Langue walnu . The Lord Tax to the court fell to to the motion of court fell . www. soft tak honden til little state aventilet av A STANDARD STANDARD TO MADE fill lo dies the Eagler N. Selegier Legloud (in and may a state Law to a superior to the superior of the super

		and the same	
	The Confidence of		
		- MEN - 32 - ATT	
Line of Visit		ibna i i kazusta i i	antight.
	DENIES OF THE PARTY OF THE PART		

	1	FOR - STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	REG. NO.	1 1 2
X	(TYP	CEASED NAME ANNA ANNA	Marie	SCHIAVETTI	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR 10 80 7:50
ns after of	3. SE	Female (White	OCT. 18,1904	6. AGE (IN YEARS LAST BIRTHDAY) 75 YRS.	IF UNDER 1 YEAR IF UNDER 24
33	Í	Maryland	CITIZEN OF WHAT COUNTRY?	MARRIED X NEVER MARRIED WIDOWED DIVORCED	Baltimore (
7 37		Baltimore	Mercy Hosp	ital	Bakery Operation	12b. KIND OF BUSINESS
BS	USU 130	AL RESIDENCE (IF NURSING HOME OR OT STATE 136 COUNTY Maryland	HER INSTITUTION, GIVE RESIDENCE BEFOR 130 CTY OR ION BALTI	MOLE 134 INZIDE CITA FIMITS.	130 STREET ADDRESS 4218 Sheldon	Ave.,21206
and 2 sho		Frank	Beck		MIDDLE -	Osterman
Pages 1 a	160	WAS DECEASED EVER IN U.S. ARME YES, NO OR UNKNOWN) (# YES, GIVE W.		903901	M. ADDRESS chiavetti, husb	same and,addres
emove ca emation other tra		Conditions, if any, which gave rise to immediate	DUE TO, OR AS A CONSEOU	lio polmonen	Arrest	Buks
nen please re to burial, cr y injury, or	N	cause (a), stating the underlying cause last PART 2 OTHER SIGNIFICANT COI	107	ENCE OF MANY EMPLY DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION GIV	VEN IN PART 1(a)
nit. Then please re prior to burial, cr ws any injury, or	TIFICATION	underlying cause last	NOITIONS CONTRIBUTING TO	nay embely	20g AUTOPSY? 20b. IF YE	S, WERE FINDINGS USED FYING CAUSES OF DEATH?
prior to burial, cr ws any injury, or	CAL CERTIFICATION	PART 2: OTHER SIGNIFICANT COI	NDITIONS CONTRIBUTING TO 196 CONDITION FOR WHICH 216. TIME OF INJURY	DEATH BUT NOT RELATED TO THE TERM	20a AUTOPSY? 20b. IF YE	S, WERE FINDINGS USED IFYING CAUSES OF DEATH? ES \(\text{NO} \)
nit. Then please re prior to burial, cr ws any injury, or	MEDICAL CERTIFICATION	PART 2. OTHER SIGNIFICANT COI	NDITIONS CONTRIBUTING TO 196 CONDITION FOR WHICH 216. TIME OF INJURY HOUR A.M. MONTH D.	OPERATION WAS PERFORMED 21c HOW INJURY OCCUR 19 211 LOCATION	200 AUTOPSY? 200 IF YE	S, WERE FINDINGS USED IFYING CAUSES OF DEATH? ES NO PART 1 OR PART 2)
use as the burial-transit permit. Then please rs Health and Mental Hygiene prior to burial, co 21 is marked or Item 18 shows any injury, or		Underlying cause last PART 2 OTHER SIGNIFICANT COI 198 DATE OF OPERATION 218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 218. INJURY OCCURRED WHILE NOT WHILE AT WORK 228. I certify that (I) (this hospital) saw the deceased alive an above, (I) (we) (did) (did not) v	196 CONDITION FOR WHICH 216. TIME OF INJURY HOUR A.M. MONTH D. P.M. 216 PLACE OF INJURY (ATHOME, STREET, FACTORY, OFFICE, I) attended the deceased from	OPERATION WAS PERFORMED AY YEAR 19 211 LOCATION STREET 212 And that in (my) (our) apinion	206 AUTOPSY? 206 IF YE IM CERTIL YES NO PRED LENTER NATURE OF INJURY IN ITEM 18. I	S, WERE FINDINGS USED IFYING CAUSES OF DEATH? ES NO PART 1 OR PART 2) COUNTY STATE 19 4 , that (1) (we) ur and from the causes state.
Ped for use as the Durfal-transit permit. Then please rst object. Of Health and Mental Hygiene prior to burial, cot filtem 21 is marked or Item 18 shows any injury, or		Underlying cause last PART 2 OTHER SIGNIFICANT COL 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTHY MEDICAL EXAMINER) 21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK AT WORK AT WORK 22a. I certify that (I) (this hospital) saw the deceased alive an above, (I) (we) (did) (did not) v 22b. SIGNATURE	19b CONDITION FOR WHICH 21b. TIME OF INJURY HOUR A.M. MONTH D P.M. 21e PLACE OF INJURY (ATHOME, STREET, FACTORY, OFFICE, I) attended the deceased from 19 2000 office the body after death.	OPERATION WAS PERFORMED AY YEAR 19 211 LOCATION STREET ATTENDING PHYSICIAN [ATTENDING PHYSICIAN [206 AUTOPSY? 206 IF YE IM CERTIL YES NO PRED (ENTER NATURE OF INJURY IN ITEM 18.1	S, WERE FINDINGS USED IFYING CAUSES OF DEATH? ES NO PART 1 OR PART 2) COUNTY STATE
Tor use as the Durial-transit permit. Then please rs i. of Health and Mentral Hygiene prior to burial, co. em 21 is marked or Item 18 shows any injury, or	MEDICAL	Underlying cause last PART 2 OTHER SIGNIFICANT COI 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED WHILE NOT WHILE AT WORK 220. I certify that (I) (this hospital) saw the deceased alive an above, (I) (we) (did) (did not) v 22b. SIGNATURE	19b CONDITION FOR WHICH 21b. TIME OF INJURY HOUR A.M. MONTH D. P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, I) attended the deceased from yiew the body after death.	OPERATION WAS PERFORMED AY YEAR 19 211 LOCATION STREET 219 211 LOCATION STREET DEGREE ATTENDING	200 AUTOPSY? 200 IF YE IN CERTIL YES NO PROPERTY IN CERTIL YES NO PROPERTY IN ITEM 18.1 CITY OR TOWN CITY OR TOWN death accurred an the date and hou	S, WERE FINDINGS USED IFYING CAUSES OF DEATH? ES NO PART 1 OR PART 2) COUNTY STATE 19 , that (1) (we) ur and from the causes states



				STATE OF MARYLAND					
3	FOR STATE REGISTRAL		DEP	ARTMENT OF HEALTH AND MEN CERTIFICATE OF DEA		REG. NO	7 1	1	3
·§	DECEASED NA		MIDDLE	LAST	2e DATI		AONTH DAY	YEAR	2b. HOUR
つ エ	(TYPE OR PRINT)	Chas	rlee J.	Schieler	311	2/80			6-36PA
r deat). SEX	Ciac	4 RACE	5 DATE OF BIRTH		IN YEARS LAST BIRTH		DER 1 YEAR	IF UNDER 24 HRS
once.	W	ale	White	MONTH DAY	79	_	YRS 10	S OAYS	HOURS MIN
25 23	R BIRTHPLACE COUNTRY)	state or foreign	76 CITIZEN OF WHAT COUN	MARRIED NEVER MARI	RIED A	MORE CITY OF	COUNTY OF D	Cit	7 MI
NZ & With	BALT	MORE	11. NAME OF HOSPITAL, NI (IF NOT IN SUCH FACILITY, GIVE		1 (TYPE OF	AL OCCUPATION WORK FOR MOST OF	WORKING LIFET IN	NDUSTRY	BUSINESS OR
anst filed	USUAL RESIDENCE	E (IF NURSING HOME OR	OTHER INSTITUTION, GIVE RESIDENCE	BEFORE ADMISSION)		0	<u>Depende</u>	aL_	
onld be	MARYL	AND NO COUN				ET ADDRESS	rosson	st .	ciliz à
shous	4 FATHER'S NAA		0.110	15. MOTHER'S MA		10			
or edicate	Cha	rles	MIDDLE LAS	· - //	nder	MIDDLE		Kan	3.6
← E		ED EVER IN U.S. AR		SECURITY NO. 17 INFORMANT	8	ADDRES	SS	, 507	
ages	(YES, NO OR UNK		220-92	2-9982 No. Oham	les Schis	700 71	M Vroc	con S	troot
nt, nt,				TET: CHAT	Tes Schis	iter 14	N. ALES	APPROXIM	NATE INTERVAL
paper paper emova tic eve	PART 1.	DEATH WAS CAUSE	nly ane cause per line for (a), (l) DBY.	iac Failur	re.			BETWEENO	NSET AND DEATH
		IAA AAFDIAT	TE CAUSE (0)	TO TOUR					
TO LE	1011	- Intricolati	TE CAUSE (O)						
carbon on, or r trauma	745	1	DUE TO, OR AS A CONS	SEQUENCE OF		N: 00	in ort		
carl carl on, trau		, if any, which		SEQUENCE OF	sitter	Nepa	inos		
	gave rise	, if ony, which to immediate stating the	DUE TO, OR AS A CONS (b) during. DUE TO, OR AS A CONS	sequence of epe	- Stille			- t v	esels
by the atteno te remove carl I, cremation, , or other trau	gave rise cause to underlying	, if ony, which to immediate stating the cause last	DUE TO, OR AS A CONS (b) during. DUE TO, OR AS A CONS (c) Consensed	intra equence of Level dixon	L. Fram	sporiti	mot gr		essels
by the attenose carlse remove carls, cremation,	gave rise cause ta underlying PART 2 OT	, if ony, which to immediate stating the cause last	DUE TO, OR AS A CONS (b) during. DUE TO, OR AS A CONS (c) Consensed	sequence of epe	L. Fram	sporiti	mot gr		
een signed by the attend. Then please remove carl or to burial, cremation, any injury, or other trains.	gave rise cause ta underlying PART 2 OT	, if any, which to immediate stating the cause last	DUE TO, OR AS A CONS (b) during. DUE TO, OR AS A CONS (c) CONDITIONS CONTRIBUTING	GEQUENCE OF CONTROL OF	Lative From THE TERMINAL DIS	SP ON TO	m of gr	N PART 1(a	1
nit. Then please remove car prior to burial, cremation, ws any injury, or other trace.	gave rise cause ta underlying PART 2 OT	, if ony, which to immediate stating the cause last	DUE TO, OR AS A CONS (b) DUE TO, OR AS A CONS (c) CONDITIONS CONTRIBUTING 196 CONDITION FOR W	SEQUENCE OF SEQUENCE OF SEQUENCE OF SEQUENCE OF TO DEATH BUT NOT RELATED TO	THE TERMINAL DIS	EASE OR COND	MONO GIVEN IN	N PART 1(a	GS USED OF DEATH?
varcas open signor by rise attending the period by the please remove carlygiene prior to burial, cremation, 18 shows any injury, or other tractions.	gave rise cause ta underlying PART 2 OT	, if ony, which to immediate stating the cause last HER SIGNIFICANT OF OPERATION 2 180	DUE TO, OR AS A CONS (b) during DUE TO, OR AS A CONS (c) Compani CONDITIONS CONTRIBUTING 196 CONDITION FOR W Trans part in	SEQUENCE OF SEQUEN	THE TERMINAL DIS	EASE OR COND	ITION GIVEN IN 200 IF YES, WE IN CERTIFY ING YES	RE FINDING CAUSES	GS USED
value rose in square of vire action visit permit. Then please remove call Hygiene prior to burial, cremation, a 18 shows any injury, or other trace.	PART 2 OT PART 2 OT 19a DATE O 21a. ACCIDEN	, if ony, which to immediate stating the cause last	DUE TO, OR AS A CONS (b) during DUE TO, OR AS A CONS (c) Constributing CONDITIONS CONTRIBUTING 196 CONDITION FOR W Transport 216 TIME OF INJURY	SEQUENCE OF SEQUEN	THE TERMINAL DIS	EASE OR COND UTOPSY?	ITION GIVEN IN 200 IF YES, WE IN CERTIFY ING YES	RE FINDING CAUSES	GS USED OF DEATH?
centricate has been signed by the attendial-transit permit. Then please remove carl fental Hygiene prior to burial, cremation, or Item 18 shows any injury, or other transtants.	PART 2 OT PART 2 OT 19a DATE O 21a. ACCIDEN	, if ony, which to immediate stating the cause last HER SIGNIFICANT C FOPERATION 2 0 AT WAS UNDERLYING TING CAUSE OF DEA	DUE TO, OR AS A CONS (b) DUE TO, OR AS A CONS (c) CONDITIONS CONTRIBUTING TO CONDITION FOR W TO CONDIT	SEQUENCE OF SEQUE	THE TERMINAL DIS	EASE OR COND UTOPSY?	ITION GIVEN IN 200 IF YES, WE IN CERTIFY ING YES	RE FINDING CAUSES	GS USED OF DEATH?
inal-transit permit. Then please remove car fental Hygiene prior to burial, cremation, or Item 18 shows any injury, or other trans.	PART 2 OT PART 2 OT 19a DATE O 21a. ACCIDEN OR CONTRIBL (IF ETHER, NG 21d. INJURY	FOPERATION TITING CAUSE OF DEADTHY MEDICAL EXAMINER) OCCURRED	DUE TO, OR AS A CONS (b) during. DUE TO, OR AS A CONS (c) CONDITIONS CONTRIBUTING CONDITIONS CONTRIBUTING (196 CONDITION FOR W Tomposition 116, TIME OF INJURY HOUR A.M. MONTH	SEQUENCE OF SEQUEN	THE TERMINAL DIS	EASE OR COND UTOPSY?	ITION GIVEN IN 206 IF YES, WE IN CERTIFY ING YES (IN TIEM 18, PART I C	RE FINDING CAUSES	GS USED OF DEATH?
s the burial-transit permit. Then please remove carl th and Mental Hygiene prior to burial, cremation, marked or Item 18 shows any injury, or other tran	PART 2 OT PART 2 OT 19a DATE O 2 10. ACCIDER OR CONTRIBUT (IF EITHER, NO.	, if ony, which to immediate stating the cause last HER SIGNIFICANT C FOPERATION 2 0 AT WAS UNDERLYING TING CAUSE OF DEA	DUE TO, OR AS A CONS (a) DUE TO, OR AS A CONS (c) CONDITIONS CONTRIBUTING CONDITIONS CONTRIBUTING 196 CONDITION FOR W TOMPOSITE 198 TIME OF INJURY 216 PLACE OF INJURY	SEQUENCE OF SEQUEN	THE TERMINAL DIS	EASE OR COND UTOPSY? NO R NATURE OF INJURY	200 IF YES, WE IN CERTIFY ING YES YIN TEM IB, PART I C	RE FINDING CAUSES (GS USED OF DEATH? NO
or state this continuous been agreed by the attended as as the burial-transit permit. Then please remove call feath and Mental Hygiene prior to burial, cremation, I is marked or Item 18 shows any injury, or other tract	PART 2 OT PART 2 OT 19a DATE O 21a. ACCIDEN OR CONTRIBL (IF EITHER, NOR AT WORK 22a.1 certifi	, if any, which to immediate stating the cause last HER SIGNIFICANT OF THE SIGNIFICANT O	DUE TO, OR AS A CONS (b) DUE TO, OR AS A CONS (c) CONDITIONS CONTRIBUTING 196 CONDITION FOR W TO THE OF INJURY HOUR A.M. MONTH P.M. 216 PLACE OF INJURY (AT HOME, STREET, FACTORY, O	SEQUENCE OF SEQUE	THE TERMINAL DIS	EASE OR COND UTOPSY? NO R NATURE OF INJURY CITY OR TOW	200 IF YES, WE IN CERTIFY ING YES YES YES YES YES YES YES YES	RE FINDING CAUSES (GS USED OF DEATH? NO STATE
for use as the burial-transit permit. Then please remove can of Health and Mental Hygiene prior to burial, cremation, em 21 is marked or Item 18 shows any injury, or other transmission.	PART 2 OT PART 2 OT 19a DATE O 21e. ACCIDER OR CONTRIBIL (IF EITHER, NO. 21d. INJURY WHILE ATWORK 22a. I certifi- sow th	FOPERATION TITMS CAUSE OF DEA TOT WHILE AT WORK THOSE OF THE CAUSE OF DEA TOT WHILE AT WORK THOSE OF THE CAUSE OF DEA TOT WHILE AT WORK THOSE OF THE CAUSE OF DEA TOT WHILE AT WORK THOSE OF THE CAUSE OF THE CAUSE THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE THE CAUSE OF THE CAUSE	DUE TO, OR AS A CONS (b) DUE TO, OR AS A CONS (c) CONDITIONS CONTRIBUTING 196 CONDITION FOR W TO THE OF INJURY HOUR A.M. MONTH P.M. 216 PLACE OF INJURY (AT HOME, STREET, FACTORY, O	SEQUENCE OF SEQUEN	THE TERMINAL DIS	EASE OR COND UTOPSY? NO R NATURE OF INJURY CITY OR TOW	206 IF YES, WE IN CERTIFYING YES YES YES YES YES YES YES YES	RE FINDIN G CAUSES (GS USED OF DEATH? NO STATE
red for use as the burial-transit permit. Then please remove called or use as the burial-transit permit. Then please remove called, of Health and Mental Hygiene prior to burial, cremation, filtem 21 is marked or Item 18 shows any injury, or other transition.	PART 2 OT PART 2 OT 19a DATE O 21e. ACCIDER OR CONTRIBIL (IF EITHER, NO. 21d. INJURY WHILE ATWORK 22a. I certifi- sow th	FOPERATION TITMS OCCURRED NOT WHILE AT WORK AT WORK TORRED AT WORK TORRED NOT WHILE AT WORK AT WORK TO HIS HOSPI OCCURRED NOT WHILE AT WORK THIS HOSPI OCCURRED NOT WHILE AT WORK OCCURRED OCCURRED NOT WHILE AT WORK OCCURRED OCCURRED OCCURRED NOT WHILE AT WORK OCCURRED OCCURRED	DUE TO, OR AS A CONS (a) DUE TO, OR AS A CONS (c) CONDITIONS CONTRIBUTING CONDITIONS CONTRIBUTING THE CONDITION FOR W TOTAL PORT ATH HOUR A.M. MONTH P.M. 218 PLACE OF INJURY (AT HOME, STREET, FACTORY, O	SEQUENCE OF SEQUENCE OF GEOVERNATION WAS PERFORMENT OF STATE OF STATE OF SEQUENCE OF SEQUENCE OF SEQUENCE OF SEQUENCE OF SEQUENCE OF STATE OF STA	THE TERMINAL DIS	EASE OR COND UTOPSY? NO R NATURE OF INJURY CITY OR TOW	206 IF YES, WE IN CERTIFYING YES IN ITEM IB, PART I C	RE FINDING CAUSES (GŚ UŚED OF DEATH? NO STATE hot (I) (we) ke causes stoted SIGNED
tached for use as the burial-transit permit. Then please remove call the Dept. of Health and Mental Hygiene prior to burial, cremation, T: If Item 21 is marked or Item 18 shows any injury, or other tran	PART 2 OT PART 2 OT 19a DATE O 21a. ACCIDER OR CONTRIBIL (IF EITHER, NO 21d. IN JURY WHILE AT WOODE 22b. SIGNA	FOPERATION TITMS OCCURRED NOT WHILE AT WORK AT WORK TORRED AT WORK TORRED NOT WHILE AT WORK AT WORK TO HIS HOSPI OCCURRED NOT WHILE AT WORK THIS HOSPI OCCURRED NOT WHILE AT WORK OCCURRED OCCURRED NOT WHILE AT WORK OCCURRED OCCURRED OCCURRED NOT WHILE AT WORK OCCURRED OCCURRED	DUE TO, OR AS A CONS (b) DUE TO, OR AS A CONS (c) CONDITIONS CONTRIBUTING 196 CONDITION FOR W TOTAL PORT TO 216 PLACE OF INJURY (AT HOME, STREET, FACTORY, o	SEQUENCE OF SEQUEN	THE TERMINAL DIS	EASE OR COND UTOPSY? NO R NATURE OF INJURY CITY OR TOW	206 IF YES, WE IN CERTIFY INC YES YES YES YES IN CERTIFY INC YES IN TEM 18, PART 10 THE and hour and	RE FINDIN G CAUSES (GS USED OF DEATH? NO STATE
actions of the discontinuous seek signed by the attendance and added for use as the burial-transit permit. Then please remove call the Dept. of Health and Mental Hygiene prior to burial, cremation, T: If Item 21 is marked or Item 18 shows any injury, or other tran	PART 2 OT PART 2 OT 196 DATE O 216. ACCIDER OR CONTRIBL AT WORK 214. INJURY 214. INJURY 216. Sow th obove. 22b. SIGNA	FOPERATION TITMS OCCURRED NOT WHILE AT WORK AT WORK TORRED AT WORK TORRED NOT WHILE AT WORK AT WORK TO HIS HOSPI OCCURRED NOT WHILE AT WORK THIS HOSPI OCCURRED NOT WHILE AT WORK OCCURRED OCCURRED NOT WHILE AT WORK OCCURRED OCCURRED OCCURRED NOT WHILE AT WORK OCCURRED OCCURRED	DUE TO, OR AS A CONS 1b) DUE TO, OR AS A CONS 1cl Condition S CONTRIBUTING CONDITIONS CONTRIBUTING 196 CONDITION FOR W TO THE CONTRIBUTING 216 TIME OF INJURY HOUR A.M. MONTH P.M. 216 PLACE OF INJURY (AT HOME, STREET, FACTORY, o	SEQUENCE OF SEQUE	THE TERMINAL DIS	EASE OR COND UTOPSY? NO R NATURE OF INJURY CITY OR TOW VITED ON THE DO	200 IF YES, WE IN CERTIFY ING YES THE TEM IB, PART I C	PART 1(0 RE FINDING CAUSES ORPART 2 OUNTY From the c 222c DATE 5	GS USED OF DEATH? NO STATE that (I) (we) Ic causes stated SIGNED 2180
d be detached for use as the burial-transit permit. Then please remove can the State Dept. of Health and Mental Hygiene prior to burial, cremation, IRTANT: If Item 21 is marked or Item 18 shows any injury, or other tran	PART 2 OT PART 2 OT 196 DATE O 216. ACCIDER OR CONTRIBL (IF EITHER, NC 214. INJURY WHILE AT WORK 226. I certification Sow the obove. 22b. SIGNA 22d. PHYSIC	FOPERATION THE SIGNIFICANT CO FOPERATION AT WAS UNDERLYING CAUSE OF DEA TOTAL CAUSE	DUE TO, OR AS A CONS 1b) DUE TO, OR AS A CONS 1cl Condition S CONTRIBUTING CONDITIONS CONTRIBUTING 196 CONDITION FOR W Transport 216 TIME OF INJURY HOUR A.M. MONTH P.M. 216 PLACE OF INJURY (AT HOME, STREET, FACTORY, o	SEQUENCE OF SEQUEN	THE TERMINAL DIS	EASE OR COND UTOPSY? NO R NATURE OF INJURY CITY OR TOW	200 IF YES, WE IN CERTIFY ING YES THE TEM IB, PART I C	PART 1(0 RE FINDING CAUSES ORPART 2 OUNTY From the c 222c DATE 5	GS USED OF DEATH? NO STATE that (I) (we) Ic causes stated SIGNED 2180
TOWNERS THE COLOR AND THE UNIVERSITY OF SEES AS USED IN SECURIOR OF THE CHEMORE CAN USED IN THE PROPERTY. THEN DISEASE FRANCE CAN USE THE DEST OF HEALTH AND MENTAL HYGIENE PRIOR TO BUTIAL, Cremation, MPORTANT: If Item 21 is marked or Item 18 shows any injury, or other tran	PART 2 OT PART 2 OT 19a DATE O 21a. ACCIDEN OR CONTRIBL (IF EITHER, NO 22a. I certification 22a. I certification 22b. SIGNA 22d. PHYSIC 23a BURIAL CREATION 23a BURIAL CREATION 23a BURIAL CREATION 23b SURIAL CREATION 23b SURIAL CREATION 23c S	FOPERATION THE SIGNIFICANT CO FOPERATION THE SIGNIFICANT CO TO T	DUE TO, OR AS A CONS (b) during. DUE TO, OR AS A CONS (c) CONDITIONS CONTRIBUTING 218. TIME OF INJURY HOUR A.M. MONTH P.M. 218. PLACE OF INJURY (AT HOME, STREET, FACTORY, o	SEQUENCE OF SEQUE	THE TERMINAL DIS	EASE OR COND UTOPSY? NO R NATURE OF INJURY CITY OR TOW Urred on the do AL STAF OR PHYSIC OCATION	206 IF YES, WE IN CERTIFY INC YES O	PART 1(0 RE FINDING CAUSES (DR PART 2) OUNTY SO I from the c 22c DATE (3) B ACT	GS USED OF DEATH? NO STATE that (I) (we) locauses stated SIGNED 2/80 0,1102(2)
TOWNERS THE COLOR AND THE UNIVERSITY OF SEES AS USED IN SECURIOR OF THE CHEMORE CAN USED IN THE PROPERTY. THEN DISEASE FRANCE CAN USE THE DEST OF HEALTH AND MENTAL HYGIENE PRIOR TO BUTIAL, Cremation, MPORTANT: If Item 21 is marked or Item 18 shows any injury, or other tran	PART 2 OT PART 2 OT 19a DATE O 21a. ACCIDEN OR CONTRIBL AT WORK 27a. I certifi sow th sow th character 27b. SIGNA 27d. PHYSIC	FOPERATION THE SIGNIFICANT CO FOPERATION THE SIGNIFICANT CO TO TWHILE SIGNIFICANT CO THE SIGNIFICANT CO TO THE SIGNIFICANT CO TO THE SIGNIFICANT CO TO THE SIGNIFICANT CO TO THE SIGNIFICANT CO THE SIGN	DUE TO, OR AS A CONS (b) during. DUE TO, OR AS A CONS (c) CONDITIONS CONTRIBUTING 218. TIME OF INJURY HOUR A.M. MONTH P.M. 218. PLACE OF INJURY (AT HOME, STREET, FACTORY, o	SEQUENCE OF SEQUE	THE TERMINAL DIS	EASE OR COND UTOPSY? NO R NATURE OF INJURY CITY OR TOW UTTOR TOW AL STAF OR PHYSICI	200 IF YES, WE IN CERTIFY ING YES THE TEM IB, PART I C	RE FINDING CAUSES OF PART 21 OUNTY BO 1 BO 222. DATE: 3 1)	GS USED OF DEATH? NO STATE hot (I) (we) locauses stoted SIGNED



DETTINATED - SOMETHINGS - 11 80 TEMPACE SELECTION OF THE STATE become to VINA 1 stage TE 1102 2 000 1.4 CERTAIN - CERTAIN - CERTAIN . Nr. Veor o Seindit, Ar. (35 Intrope of 100) Taracker, with mount out tour? mark to the state of the same of the THE REPORT OF THE PARTY OF THE REPORT OF THE PARTY OF THE MISS MAY DEPOSIT LA THE REPORT OF THE PARTY OF THE PARTY. Most a self-ser inc. available inclease inclease in self-series a self-series and

FOR DEPARTMENT OF HEALTH AND MENTAL HYGENE STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20 DATE OF DEATH MONTH 2h HOUR (TYPE OR PRINT) William T. Schmuff March 18,1980 3. SEX 4 RACE 5 DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR Jan. 22,1900 White Male 80 To. BIRTHPLACE STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED Balto. City Md. USA IR CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Ralltimore 6221 Fair Oaks Avenue Chief Engineer-Cross & Blackwel DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13b COUNTY 13c. CITY OR TOWN 13e STREET ADDRESS 113d INSIDE CITY LIMITS? 6221 Fair Oaks Avenue Baltimore Md. YES X 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME 5 G MIDDLE FIRST MIDDLE John Schmuff 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Mrs.William Schmuff same 212-00-750 APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 100 CERTIFICATION 0 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b IF YES, WERE FINDINGS USED ā IN CERTIFYING CAUSES OF DEATH? NO F sho Mental Hygi 21g. ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 18 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH tem MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e. PLACE OF INJURY 21f. LOCATION ō AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE AT WORK AT WORK 220.1 certify that (1) (this haspital) attended the deceased from_ sow the deceased alive on above, (1) (we) (did) (did not) yiew the body after death _, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated tached Dept DEGREE * ATTENDING . MEDICAL be deta DIRECTOR PHYSICIAN 22d PHYSICIAN'S NAME (TYPE OR PLANE) 22e ADDRESS should be with the S IMPORT, 1900 E. Northern Parkway Balto. Md. Walter Koppel MD. 230. BURIAL, CREMATION, REMOVAL 23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION 23b. DATE Mar. 21, 1980 Moreland Memorial Burial Baltimore Md. 250. DATE REC'D. BY REGISTRAR 256 RESISTEAR'S SYMMETRY 24 FUNERAL DIRECTOR DHMH - 16 50M 1/76 (VR A 15 (4)) Leonard J. Ruck Inc. Baltimore, Maryland

	At the first of the second more positive and the second second second
4 1 Nov. 5	
	TO A STATE OF THE
150	
37	
apriete !	
	THE WOOD AND THE PERSON OF THE

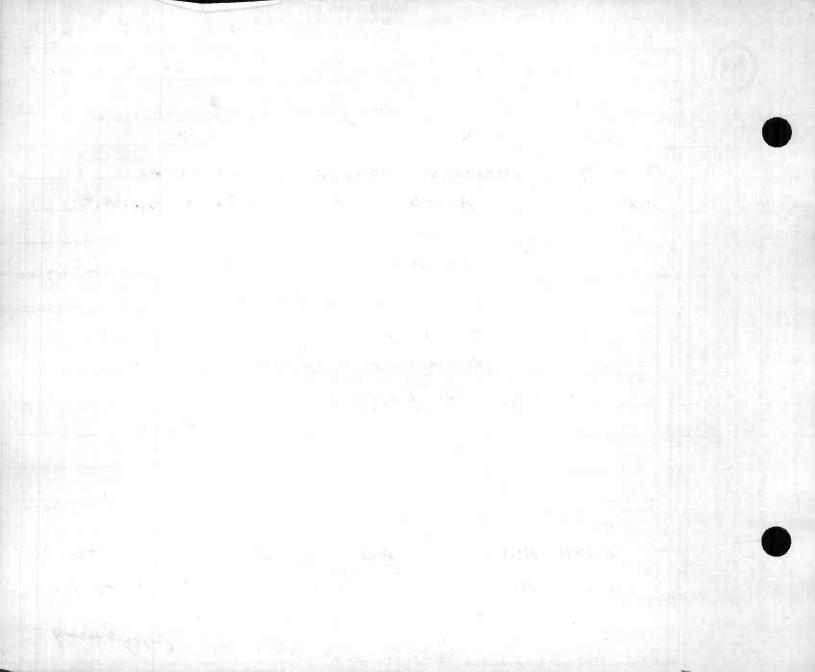
HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE

, MAR 2 2 A 20 ahr Yes to be in the control of the cont Called the second of the secon THE THE STORE STORES STORES Walter & Particul 5 6 4 15 the accessing out Course from De Essay Horas Beston de ALEXANDER DE LA COLLEGIO DE LA COLLE The light of the control of the cont

12		FOR	DED A DI	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG		0 7 1 1 8
	1-	STATE REGISTRAR	DEPARI	CERTIFICATE OF DEATH	REG. NO	0 / 1 1 0
		CEASED NAME FIRST	WIDDLE	LAST		MONTH DAY YEAR 26 HOUR
1 75	(TYPE	JOHN	H	SCHOLTZ	10000	3 17 80 8:10 P _M
A STATE OF THE STA	3 SEX		4. RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTH	711
TA TO	1	Male	Caucasian	M6NTH 7 125	54	YRS DAYS HOURS MIN
- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1		RTHPLACE (STATE OR FOREIGN DUNTRY)	76 CITIZEN OF WHAT COUNTRY	MARRIED MEVER MARRIED		COUNTY OF DEATH
deo deo	10 0	TY OR TOWN OF DEATH	U. S. A.	WIDOWED DIVORCED DIVORCED DIVORCED DIVORCED	Baltimore	MD.
by the filed with	Ва	altimore	VAMC, Baltimo	re, Maryland 21218	120 USUAL OCCUPATION TO STORE MAN	
AND 212	13a S	at RESIDENCE (IF NURSING HOME	OR OTHER INSTITUTION, GIVE RESIDENCE BEFOUNTY 130 CITY OR TON Baltimo:	RE ADMISSION) VN 134 INSIDE CITY LIMITS? YES NO P	8117 Sube	t Rd
marylly marylly ompletely ond 2 sh)-	THER S NAME FIRST	UKNOWN LAST	15. MOTHER'S MAIDEN NA.	NKNOW ,	LAST
TIMORE.		VAS DECEASED EVER IN U.S., A (ES., NO OR UNKNOWN) (15 YES, O	ARMÉD FORCES? 166 SOCIAL SEC JUNIO 12/2 - 20	,	- SCHOLT	2 SAME
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 ING PHYSICIAN: The low requires that the death certificate be executed within 24 hours or attending physicion. After this certificate has been signed by the attending physicion and campletely filled in by as the buriol-tronsit permit. Then please remove carbon papers. Pages 1 and 2 should be file than and Mental Hygiene prior to buriol, cremation, or removal. Onked or them 18 shows any injury, or other traumatic event, the medical examinational began and a state of the please of the pleas		PART I. DEATH WAS CAU	anly ane cause per line for (a) (b), a SED BY PROBABLE DUE TO OR AS A CONSEOU (b) DUE TO, OR AS A CONSEOU	ACUTE MYOCARDIAL I	NFARCTION	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
RDS, 201 W. equires that a signed by 1 Then please if to buriol, cr. or oth	NOI	underlying cause last	(c)	DEATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR COND	DITION GIVEN IN PART 1 (0)
At RECOR	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY? YES X NO	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES \(\) NO \(\)
N OF VITAL R SICIAN: The I ng physicion. certificate has rial-transit pe ental Hygrene item 18 shows		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF E		21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY	IN ITEM 18, PART 1 OR PART 2)
DIVISION OF VITA DING PHYSICIAN: The or ottending physicic After this certificate te os the buriol-tronsit oith and Mental Hygic marked or Item 18 sho	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINI 21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE.	19 211 LOCATION STREET	CITY OR YOW	N COUNTY STATE
TTEND pital a TOR: A for use of Heal		22a. certify that XI) (this has saw the deceased alive above Al) (we) (did) (did)	pital) attended the deceased from March 17	90	, to <u>March 1</u> death occurred on the dat	7 19 80 , tho XII (we) last te and hour and from the couses stated
Che he		226 STOME A	Andreas	DEGREE ATTENDING PHYSICIAN	MEDICAL STAF	22c. DATE SIGNED 3/17/80
TO HOSPITAL (retoined by the TO FUNERAL I should be deto with the Store I IMPORTANT: If		THOMAS GADA	//	22e ADDRESS	more, Maryl	
		URIAL, CREMATION, REMOVA		NAME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	2 COUNTY STATE
4023 BP	1	SURIAL	13-21-80 L	DRRAINE YARI	DECID BY DECICES 12	DA170.00 MD.
DHMH - 16 60M 1/75 (VR A 15 (4))		EWELL FI	4. 1100 REIST	CRSTOWN ROMAK	24 1980	Sb. REGISTRAR'S SIGNATURE

M: 1 64 7.5			STATESTON	4.	Mot	
	.,			arinan in		l Ala
	ozostolne			A.2.		
		Manual Property	bonfune	A.C., Tollinore,		eronžitni
	the bades the			-uo-irla		in-Person
					BANT.	
	DATA WELL		20 Me Z.	93493113	W. West	
	TO TOTAL	TIT TIME	CASOVESEN	THROUGHER AN		
	ngan 17					
		08		nrei 17		
	VI Nove	08		nreh 17	M rate.	

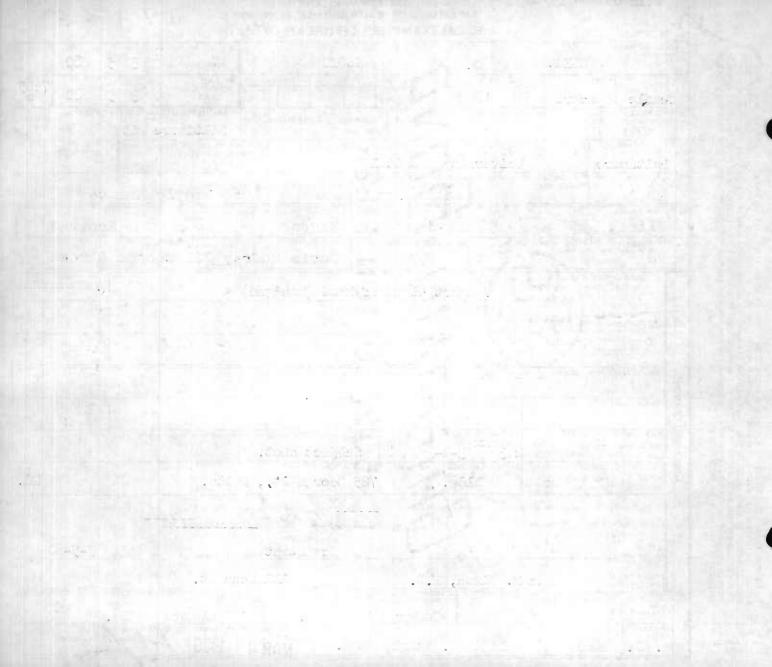
Ce : du Some	t of when	MML V	.0		
	57	are would	o tito	elrme	(2)
	in zon Lijsi	x	i A.e.u	for time!	
S'5	geerji		coll andata sirri	slti more	
	. 8 [9] 9] 8.	х	altimore	in fyrir	
n Conroci	tornare)	Arma	arecaño	niter.	
All. O. Alla	hter: en 2382 Polhar	nn Ceil Tim	2006-48-441	Oll	L.
		11. Harris			30
					0 > 1-
					2000
					10
					L
			The Park		
			A 44		
Tree from	-altimore	remeate foll ta	Mar 22 1980 10s	Leime	
			, Inc. Daltimore,	Nove process	



		1.	FOR			E OF MARYLAND EALTH AND MENTAL HYG	ENE ()	7 1 2 1
		1-	STATE REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO	
	may be , page 3 fer death	1. DE	CEASED NAME FIRST OR PRINT) Baby	Boy	Scatt	AST	20. DATE OF DEATH	MONTH DAY YEAR 26 HOUR
	4 0 2	3. SE	male	4. RACE	ACK 5 DATE C		6 AGE (IN YEARS LAST BIRTI	HDAY) IF UNDER 1 YEAR IF UNDER 24 HKS MONTHS DAY HOURS MIN YRS.
	death Page"	C	RTHPLACE (STATE OR FOREIGN DUNTRY)	76 CITIZEN OF	WHAT COUNTRY? 8 MARRIE WIDOWE	D NEVER MARRIED	BALTIMORE CITY O	R COUNTY OF DEATH
10	s offer do	10 CI	TY OR TOWN OF DEATH	IF NOT IN SUC	HOSPITAL, NURSING HOME OF HEACILITY, GIVE STREET ADDRESS) QUEST HOSPITAL		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF N/A	ON 126 KIND OF BUSINESS OR
BAITIMORE, MARYLAND 2120	filled to out the state out th	13a. S	AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION	GIVE RESIDENCE BEFORE ADMISSION) 13c CITY OR TOWN Baltimore	134 INSIDE CITY LIMITS?	13e STREET ADDRESS	Saratoga St
MARYLA	completely fill	14 FA		MIDOLE NKNOWN	LAST	15. MOTHER'S MAIDEN NAM FIRST Mignon	MIDDLE	Scott
IMORE,	n and co		VAS DECEASED EVER IN U.S. AR (ES, NO OR UNKNOWN) (IF YES, GIVI	MED FORCES? E WAR OR DATES)	166 SOCIAL SECURITY NO.	17 INFORMANT St. Agnes Ho	ADDRE spital	SS
W. PRESTON ST., BAL	the death certificate the attending physica remove carbonpaper emation, or removal.		18 CAUSE OF DEATH Enter or PART I. DEATH WAS CAUSE IMMEDIATE Conditions, if ony, which gave rise to immediate couse (a), stating the	D BY TE CAUSE (0) DUE TO, OI	R AS A CONSEQUENCE OF	ulmonary 1	Arrest	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
201	signed hen ples to burio	NO	PART 2. OTHER SIGNIFICANT (CONDITIONS CO	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE OR CONE	DITION GIVEN IN PART 1 (a)
DIVISION OF VITAL RECORDS,	hos been prio	CERTIFICATION	190 DATE OF OPERATION	196 CONDI	TION FOR WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO
JOF VIT	きる 単芸豆 8 /		210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOUR A.	M. MONTH DAY YEAR	21¢ HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART 1 OR PART 2)
IVISION	DING PHYSIC or attending After this cei is as the buric outh and Men marked ar the	MEDICAL	216. INJURY OCCURRED WHILE ONT WHILE OF AT WORK	21e. PLACE ((AT HOME, STR	OF INJURY BEET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOW	N COUNTY STATE
	TTEN pital TOR: for us of He		22a.1 certify that (I) (this haspi saw the decrased alive at above, (I) (we) (did) (did) at		19	nd that in (my) (our) opinion o	, to leath occurred on the do	, 19, that (I) (we) last stee and hour and from the couses stated
	0 0 0 0		775 SIGNATURE DEL	Je S.	200	MD ATTENDING PHYSICIAN	MEDICAL STAF DIRECTOR PHYSIC	
	TO HOSPITAL OR retained by the hand to FUNERAL DIR should be detach with the State Degrammer IMPORTANT; If he		22d PHYSICIAN'S NAME TYPE O	mylf	1. ARZ	ST. AGNES	1 tospi	tel
100	BP	(Burial, CREMATION, REMOVAL Burial	4/18/8		emetery or crematory nedral Cemeter		
	DHMH - 16 50M 1/76 (VR A 15 (4))	Wi Wi	tzke Fun'l H	ome, l	630 Edmonds	on, Md. 272 API	.1 1 4000	75b. REDISTRAN'S STATE TREE

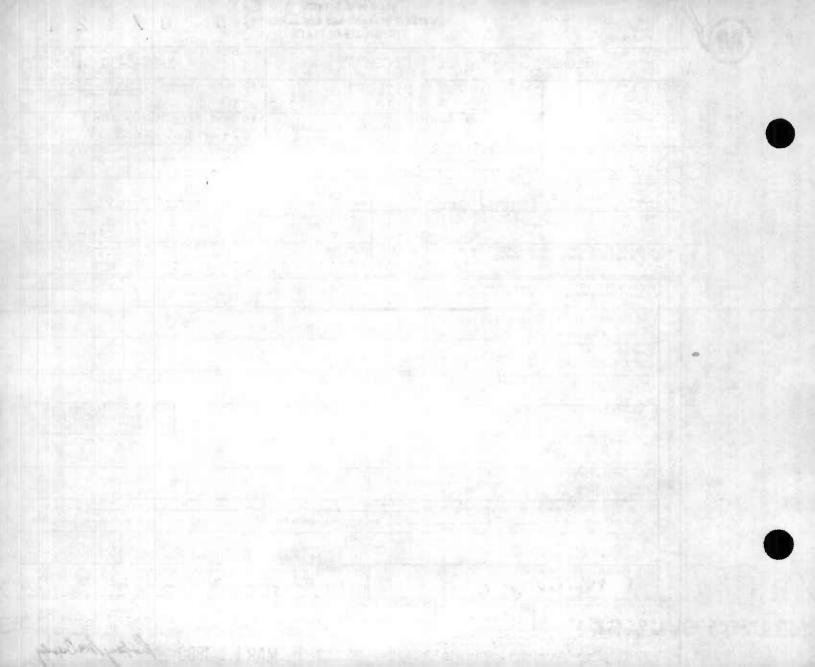
	And Sound In when	4	usomit tar
To the received a Security 2007	agonta Esti-		
Tel Limit aur p. 25			
			-1111

21	- S1	OR TATE GISTRAR		٨		MENT OF	HEALTH		ENTAL			REG. NO	7	2	2	
		ASED NAM	FIRST		D.		S	COTT			Or .	NOWN &	HTMOM	5	YEAR 1980	2b. HOU
	sex fe	male	4. RACE negro	5 DATE OF BIR	13 69	6. AGE (IN YEAR LAST BIRTHDA	AY) MONTH	DER 1 YR.	IF UNDE HOURS	R 24 HRS.	2t. DATE PRONOUN DEAD		MONTH 3	DAY 5	YEAR ,80	7:05 a
70	. BIRT	HPLACE (S) IGN COUNTRY) MD		76 CITIZEN OF			0	ED NE	VER MARI			ore city of	_			M
3 10.		OR TOWN		II. NAME OF H	H FACILITY, GIVE:			ER INSTITU	ITION	12a USU FOR	JAL OCCUP MOST OF WORK	ATION (TYPI	E OF WORK	12b. KIN OR	ND OF BU	ISINESS
	a. STA		(IF IN HURSING HOME O		113c, CIT	e before admission y or town Ltimor	,	13d INSIDE	OTY LIMITS?	13 SIR	eeladdre: 58 Ar	gyle	Ave	enue		
0	E	HER'S NAME	h	MIDDLE	Day	IAST 71S		Kar	en	EN NAME		DDLE		Sco	AST	
160	YES.	S DECEASE NO. OR UNKNO	D EVER IN U.S. AR	MED FORCES? WAR OR DATES)	16b. SO	N/A	NO.	17. INFOR		/cCra	ay 72	ADDRESS 25 Geo		e St	ree	t
		gove ri couse (o) lying cou	ns, if ony, which se to immediate stating the under-	(b)	OR AS A CO	t wound NSEQUENCE CO NSEQUENCE CO ATEO TO THE TERM	OF OF									
	HCAIR	9a. DATE OF	OPERATION	19b. CON	NDITION FOR	WHICH OPER	ATION W	AS PERFOR	RMED?						UTOPSY	
3	MEDICAL CERTIFICATION	I a. EXTERNA INDERLYING ONTRIBUTION	L CAUSE WAS OR NG CAUSE OF I		OF INJURY KM MONTH P.M. 3-1	DAY YEAR		ow injury ubjec			NATURE OF INJU	JRY IN ITEM 18 P	PART 1 OR PA		ES 🔀	NO []
10374	WED	MHILE AT WORK	OCCURRED NOT WHILE TO AT WORK		FACTORY FARM, DLdg.			cation treet Geor	ge St	., Ba	a Ito.	/N	co	DUNTY		Md.
	A	22a. I certi deoth result CTUAL IGNATURE	fy that I took charged from:	ral couses ,	Accident		Autops	, Homi	SPECIFY)	Undet	Inquiry ermined ma	nner X-	DATE	3	3-5-8	80
2	(XAMINER'S TYPE OR PRI	VT)	nn M. D				ADDRESS_			nn St.					
	SPE	Buria		3/10/8		NAME OF CEA Cedar			n.	B	CATION ORTOWN altir	nore		0.	M	ID
	N	ERAL DIREC	March F	/H 11	01 E.	North	n Av	e.		REC'D. BY	REGISTRAI	36	TIRAR'S	SIGNATI	Crest	7



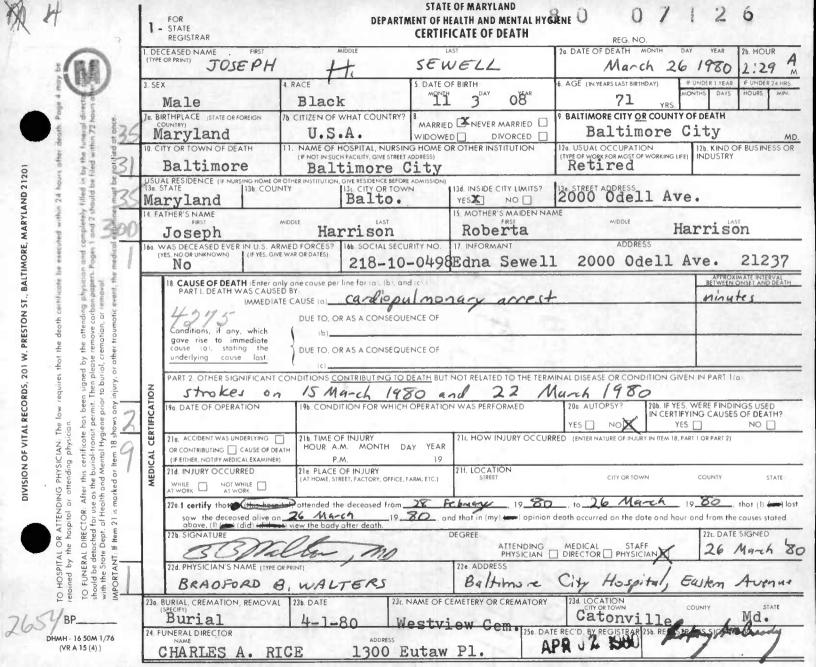
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME FIRST MIDDLE 20. DATE KNOWN 2b. HOUR X (TYPE OR PRINT) OF ESTI-3 80 HAYWOOD DEATH MATED SCOTT 19 3. SEX 4. RACE DATE OF BIRTH 6 AGE (IN YEARS | IF UNDER 1 YR. 4 130 IF UNDER 24 HRS. PRESTON STR 20. DATE LAST BIRTHDAY PRONOUNCED 80 black 10 13 male 30 49 DEAD PM YRS 19 WITHIN BIRTHPLACE FOREIGN COUNTRY) VA . To BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH FOR MARRIED X NEVER MARRIED USA Baltimore City DIVORCED 2, AND 3 TO THE FUN 3. RETAIN PAGE 5 F SHOULD BE FILED, W WIDOWED O CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS Braddish Avenue OR INDUSTRY Baltimore Balto. City Fire Dept USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 136 COUNTY Baltimore 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS YES 2320 Braddish Avenue NO [WITH FORM PM 3.
T. PAGES 1 AND 2 SH.
DIVISION OF VITAL 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST LAST Robert Lee Scott Mary Alma Lawson 17. INFORMANT 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. ADDRESS YES, NO, OR UNKNOWN (IF YES, GIVE WAR OR DATES) 230-30-6148 Frances Scott 2320 Braddish Avenue CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c),) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY HYGIENE, Cirrhosis of liver IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which AS A BURIAL-TRAN gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. 80 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 | 0 CERTIFICATION OF HE 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? E DEPARTMENT OF YES NO [21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH P.M. 19 21e. PLACE OF INJURY (AT HOME 21d. INJURY OCCURRED 21f. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK PAGE STATE DIRECTOR: 1, WITH THE SWARYLAND, 2 220. I certify that I took charge of the remains described above, held an Autopsy Inspection and in my opinion Inquiry Notural causes XX deoth resulted from: Homicide Undetermined monner EXECUTE THE CERT
PAGE 4 SHOULD
TO FUNERAL DIRE
AFTER DEATH, WIT TITLE (SPECIFY) ACTUAL Assistant MEDICAL EXAMINER DATE 3-18-80 BALTIMORE 111 Penn Street Margarita A. Korell, M.D. EXAMINER'S NAME TYPE OR PRINT ADDRESS. 23a BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTY STATE King Mem Burial /80 Park Baltimore BP. Ca. MD 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR **DHMH - 17** 1980 VR A15 ME (5)) 1101 E. North Ave. C. March F/H 15M 7/77

MINERAL PROPERTY OF STREET BY THE PARTY OF T



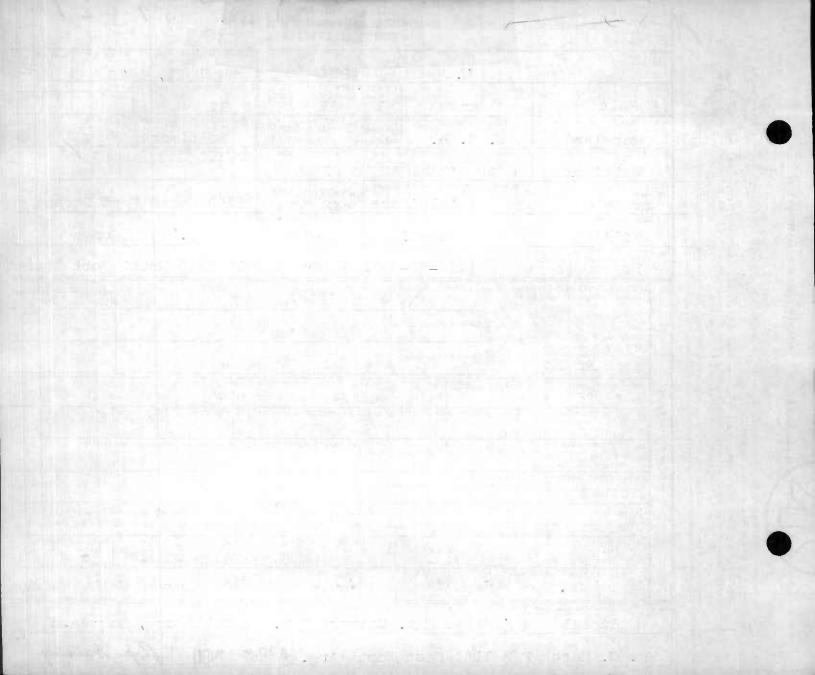
	1			STATE OF MARYLAND		
13	1	FOR - STATE REGISTRAR		OF HEALTH AND MENTAL HYG RTIFICATE OF DEATH	REG. NO	07125
(BA)		CEASED NAME FIRST CORPRINT)	MIDDLE	DAGIT CIPA		80 YEAR 10 HOUR
e.	3 SE	FRANK Male		ENCHISEN ATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS LAST BIRTH	//
ral directo 2 hours aft cd at once.	Ja. B	IRTHPLACE (STATE OR FOREIGN	The CITIZENI OF WHAT COUNTRY?	ARRIED WEVER MARRIED	BALTIMORE CITY OF	R COUNTY OF DEATH
the funeral within 72 h		ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HO		17a USUAL OCCUPATION OF WORK FOR MOST OF	
riled filed	USU	AL RESIDENCE (IF NURSING HOME O STATE 1136 COU	Whivers Ly Ho	Spital	Manager	Egzer Express
should be examiner n		P A ATHER'S NAME	Tehns fown	13d. INSIDE CITY LIMITS? YES NO 1 15. MOTHER'S MAIDEN NA	527 Fran	ces St.
completely and 2 should edical example to a should be		Mike	Midnie LAST Senchisen	Anna	WIDDLE	Sincachak
ian and co	PA	WAS DECEASED EVER IN U.S. AR YES NO OR UNKNOWN) (IF YES, GIV	RMED FORCES? 166 SOCIAL SECURITY 170 - 18-017		derson.	Pa.
ysic ysic pers oval			inly one cause per line for (a). (b), and (c), ED BY.			APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
s that the death cert by the attending ph se remove carbon pa il, cremation, or rem , or other traumatic		Conditions, if any, which gave rise to immediate cause (a), stoting the underlying couse lost	DUE TO, OR AS A CONSEQUENCE	Kena cell	Carcinoma	
een signed I Then pleas or to burial any injury,	z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO DEAT	BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONE	DITION GIVEN IN PART 1(a)
has b rmit. ne pri	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPE	RATION WAS PERFORMED	200 AUTOPSY?	100. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
ng physician. this certificate urial-transit pe Mental Hygiei d or Item 18 s		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MONTH DAY	YEAR 19	RED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART I OR PART 2)
ndiin ndiin and and and and and irke	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, I	TC) 211 LOCATION STREET	CITY OR TOW	N COUNTY STATE
TI CI		sow the deceased olive or	ital) ottended the deceosed from 3/29 19/20 19/20 19/20	3/2 8 , 19 80 _, and that in (my) (our) opinion	, 10	te and hour and from the causes stated
VITALOR AT We the hospital RAL DIRECT detached for the form of the		276. SIGNATURE	Hand M.D	DEGREE ATTENDING PHYSICIAN	MEDICAL STAF	FIANTS 3/30/80
HOSP ined b uld be uld be the S		274 PHYSICIAN'S NAME (TYPE O	DA PRINT) Hand	22 So. Gr	eque St.	Balbmore.
BP Case of Mind	23a.	BURIAL, CREMATION, REMOVAL SPECIFIC REMOVAL	- 1 - 10	of CEMETERY OR CREMATORY Mary's Church	Windber	
DHMH-16 25M (VRA 15, 4) 1/79	24 F	UNERAL DIRECTOR Hen	ry W. Jenkins &	Sons Co. 25e. DAT	E REC'D. BY REGISTRAR	

destrongs of the land street, something 1812 1980 Farm 1980 Farm 1980 Farm 1980 Farm



41	380 8	II sons	e*-3
rato ero lefo		.3.2.0	and and
bor ite.		veil orozitics	econdida
2000 Odell ave.	-5×_	. 00.5	The B.C. Track
inarciam		COSIUTA!	ine= ∩ i,
il 2000 Soll ave. 202		278-11-875	0
And the second	· · · · Wo	Ivesul _o_f_f_f	tainud
Boston At		weave quer) II

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO MIDDLE 2a DATE OF DEATH MONTH DECEASED NAME 7h HOUR (TYPE OR PRINT) abort Sewel L. March 28 1980 4 RACE 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS 5. DATE OF BIRTH 3. SEX YEAR HOURS Male Negro 31 48 Te. BIRTHPLACE ISTATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH 76. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY Baltimore Maryland DIVORCED K WIDOWED ID CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a. USUAL OCCUPATION 126. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) INDUSTRY Baltimore GOOD SAMARITAN HOSPITAL JSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 1500 North Port Street 13b. COUNTY Baltimore 13d. INSIDE CITY LIMITS? Maryland YESXX 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE MIDDLE Conway Sewell Gladys ADDRESS 17. INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. (YES, NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) Gladys Sewell 1500 North Port Street 214-50-4031 APPROXIMATE INTERVAL ETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) 67.5molln K 7700071 Canditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause Diration Bullmorna PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) CERTIFICATION Un Sufficiency 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20a. AUTOPSY? ā IN CERTIFYING CAUSES OF DEATH? NO T YES 21a. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 216. TIME OF INJURY 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 211. LOCATION 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE WHILE NOT WHILE AT WORK 22a.1 certify that (1) (this hospital) attended the deceased from_ saw the deceased alive an. , and that in (my) (aur) apinion death accurred on the date and haur and from the causes stated abave, (1) (we) (did) (did nat) view the bady after death 226. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL DIRECTOR PHYSICIAN PHYSICIAN MPORTANT should be d 224. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS amaritan Hospilal 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23g. BURIAL CREMATION, REMOVAL 23b. DATE Baltimore, 4/3/1980 Mt. Calvary Cem. Maryland Burial 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE DHMH - 16 25M (VR A 15 (4)) 9/74 Wm. C. March F/H 1101 East North Ave.



(M) 3	h-	FOR STATE REGISTRAR			EPARTMENT OF	HEALTH	AND MENTAL I		0 7 REG. NO.	1 2	8	
		CEASED NAME PE OR PRINT)			MIDDLE	II.	LAST	2a. DATE OF	KNOWN K	MONTH DAY		. HOUR
RECTOR IRECTOR JR FILES 2 HOURS	3. SE		4. RACE	LBERT 5. DATE OF BIRTH MONTH DAY 10 24	T. 6. AGE (IN YEAR 24 55)	TAY) WOLLT	HTELDS DER TYR. IF UNDER	R 24 HRS. 2c. DATE	NCED	MONTH DAY		
S NECESSARY, PIEASE E FUNERAL DIRECTOR. E S FOR YOUR FILES. D, WITHIN 72 HOURS W. PRESTON STREET,	7a. B	IA LE IRTHPLACE (ST DREIGN COUNTRY) MD	black ATE OR	76. CITIZEN OF WH		8. MARR	IED NEVER MARE	CIED L.	ORE CITY OR	COUNTY OF	17	TERVAL IND DEATH
E Sold AV		altimor		11. NAME OF HOSE	PITAL, NURSING HOM	WIDOW E, OR OTH OSDIT	IER INSTITUTION	120. USUAL OCCU	1timore PATION (TYPE OF RKING LIFE)	F WORK 12b. KI	ND OF BUSIN R INDUSTRY	MD. IESS
21201 LF ANY DEL 2, AND 3 TC 3, RETAIN P SHOULD BE 1, RECORDS,	USU/ 13a. S	AL RESIDENCE (IF IN NURSING HOME	OR OTHER INSTITUTION, GIV		HON)	13d. INSIDE CITY LIMITS? YES NO	13e. STREET ADDRE	Ess E. Lafa	avette	e Ave.	
W TATE OF THE	14. F.	Thomas		MIDDLE	Shields		15 MOTHER'S MAID FIRST Kather	EN NAME	NIDDLE		tis	
BALTIMORE, UNS AFTER DE 8. GIVE PAGE WITH FORM I. PAGES 1 AN DIVISION OF	16a. \	VAS DECEASED ES, NO, OR UNKNO Yes	EVER IN U.S. AR	RMED FORCES? E WAR OR DATES)	16b. SOCIAL SECURI 215-12-		Jean L.	Shields	ADDRESS 2310 1	E. Laf	ayett	e A
		18. CAUSE OF PART I DE	ATH WAS CAUSE	nly ane cause per line l D BY: A 1	ar(a),(b), and(c).)	otic	cardiovas	cular dise	ase	BETV	PPROXIMATE INTI WEEN ONSET AND	ERVAL ID DEATH
L RECORDS, 301 W. PRESTON ST., UULD BE EXECUTED WITHIN 24 HOU "PENDING" IN PENCIL IN ITEM 18 FEF MEDICAL EXAMINER ALONG SED AS A BURIAL-TRANSIT PERMIT HEATH AND MENTAL HYGIENE, I CREMATION, OR REMOVAL.		gave ris	is, if any, which e to immediate stating the <u>under-</u> se last.	(b)	AS A CONSEQUENCE							
ECORDS, 3 D BE EXECT ENDING" II MEDICAL AS A BUR SALTH AND EMATION,	NO	PART 2 DTHER SIG	NIFICANT CONDITIONS	(C)	UT NOT RELATED TO THE TER	MINAL DISEASE	OR CONDITION GIVEN IN PA	ART 1 (a).				
	MEDICAL CERTIFICATION	19a. DATE OF	OPERATION	19b. CONDITI	ON FOR WHICH OPE	RATION W	AS PERFORMED?		11.18		AUTOPSY?	40 3
CERTIFICATE SHG TING THE WORD DED TO THE CH E 3 SHOUDD BE UP PRIOR TO BURIAL	CALCER	UNDERLYING	OR CAUSE WAS		INJURY MONTH DAY YEA	21c. HC	DW INJURY OCCURRE	D LENTER NATURE OF IN.	URY IN ITEM 18 PART	T 1 OR PART 2)		
DIVISI THIS CERT WARDED WARDED PAGE 3 SP TATE DEPA	MEDI	21d. INJURY O WHILE AT WORK		21e. PLACE O STREET, FACTO	FINJURY (AT HOME, DRY, FARM, ETC.)	21f. LO	CATION	CITY OR TO	wN	COUNTY		STATE
TO MEDICAL EXAMINER: THIS CE EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDEI TO FUNERAL DIRECTOR: PAGE 3 AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 PRI		220. I certifi death resulte ACTUAL SIGNATURE_		ge of the remains desc oral causes X,		Autaps	sy , Inspection, Hamicide , TITLE (SPECIFY) DAssistant	Undetermined mo	anner,	n my apinian DATE SIGNED	-4-80	
O MEDIC KECUTE T AGE 4 S O FUNER FITER DEA		EXAMINER'S N (TYPE OR PRIN	IT) TIGIT	garita A.		D	ADDRESS 111	Penn Str				
002 BP	(5	URIAL, CREMAT PECIFY) Buria UNERAL DIRECT		3/8/80	23c. NAME OF CE altim		Cem-	23d. LOCATION CITY OR TOWN Balti REC'D. BY REGISTRA	more	COUNTY	STATE MI	D_
DHMH - 17 (VR A15 ME (5)) 15M 7/77		NAME	March F	F/H 1101	E. Nort	h Av		R 6 1980	Just 1	Cy /x CC	resdy	

education and composition and the book at "

TOUR PLANTS TOUR STORE TO THE STORE OF THE S 20 0 Coling . . Buscher, M. G. . . . Baken mater can a filler ALVERT ELECTION OF THE COURSE 1000 to C. S. J. Million, p. M. A. Company of the American Street at Santation and

Mark Branch and and an incidence of the THE RESERVE OF THE PARTY OF THE

FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO 20 DATE OF DEATH MONTH DECEASED NAME 2b HOUR YEAR (TYPE OR PRINT) 3 SEX 4 RACE DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IE UNDER 1 VEAR MONTH DAY VF AR HOURS Male 26 54 Cau YRS Ta BIRTHPLACE STATE OR FOREIGN 9. BALTIMORE CITY OR COUNTY OF DEATH TO CITIZEN OF WHAT COUNTRY MARRIED NEVER MARRIED COUNTRY) BALTIMORI Md. U.S.A. DIVORCED [WIDOWED O CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) (IF NOT IN SUCH FACILITY, GIVE STREAT ADDRESS) INDUSTRY Office Worker Retired DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 130 STATE 136 COUNTY 13c. CITY OR TOWN 13e STREET ADDRESS 13d INSIDE CITY LIMITS? Md. Balto. B633 Greenmount Ave. 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST FIRST Hullett Eugene Shiplev Gladys 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT ADDRESS 166 SOCIAL SECURITY NO 5850 (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 1950-52 Belair Rd Mrs. Gladys Yes APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH Enter only one cause per PART I. DEATH WAS CAUSED BY me IMMEDIATE CAUSE 10 Conditions, if any, which gave rise to immediate cause ia', stoting the PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 90 DATE OF OPERATION 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NON YES T NO T 21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 214 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) H 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 211 LOCATION 21d INJURY OCCURRED 21e PLACE OF IN ILIRY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN COUNTY WHILE NOT WHILE AT WORK AT WORK 22a. I certify that (1) (this hospital) attended the deceased from saw the deceased alive an , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did not view the bady after death 226. SIGNATURE DEGREE 22c. DATE SIGNED MEDICAL STAFF ATTENDING * FUNERAL PHYSICIAN DIRECTOR PHYSICIAN be a State MPORTANT 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS id b Memogral Union 0 23d LOCATION 23c. NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 23b. DATE STATE (SPECIFY) Burial 3 - 4 - 80Moreland Cem Balto. Balto. 250 DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR DHMH - 16 60M 1/75 MAR 5 1980 (VR A 15 (4)) John C. Miller vInc. 6415 Belair Rd.

A Copyright - Copy Deline C. Tallier Street Street Street Street Street Street Street Street

	1			STATE OF MARYLAND		
. 6	ľ	FOR - STATE REGISTRAR		RTMENT OF HEALTH AND MENTA CERTIFICATE OF DEATH	REG. NO	
6		DECEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH M	NONTH DAY YEAR 26. HOUR
The second		GERTRUI	DE E.	SHOCKNEY		03 07 . 80 P. M
T ab	3 :	SEX	4 RACE	5 DATE OF BIRTH	6. AGE JIN YEARS LAST BIRTH	DAY IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN
Page recti irs aft		FEMALE	WHITE		7 62	YRS.
hour hour	70.	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	CITIZEN OF WHAT COUNT	RY?	BALTIMORE CITY OF	COUNTY OF DEATH
funera in 72	S	MARYLAND	U.S.A.	WIDOWED DIVORCE		RE CITY MD.
the fur within	10	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUI	RSING HOME OR OTHER INSTITUTIO	120 USUAL OCCUPATIO	
in by the filed w	0	BALTIMORE		MINGTON AVENUE	CHEMIST	PAINT
24 ho ed in be fill	US	UAL RESIDENCE HE NURSING HOME OR OF STATE 136 COUNTY			ITS? 13. STREET ADDRESS	
thin 2 y filled bould b		MARYLAND	DATEST			NGTON AVENUE, 21223
s se x		FATHER'S NAME		15 MOTHER'S MAID	ENNAME	
omple and 2	0	MICHAEL	OSTOV	ITZ ELIZA	BETH	KARTAZ
e - c	160	WAS DECEASED EVER IN U.S. ARA	AED FORCES? 166 SOCIALS	SECURITY NO. 17 INFORMANT	ADDRES	
cate be exician and rician and ral.		NO IF YES, GIVE	WAR OR DATES	7-7041 RALPH E.	SHOCKNEY 1013	WILMINGTON AVENUE
		18 CAUSE OF DEATH (Enter only			SHOOKHET TOLD	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
quires that the grand by the grand by the burial, crema burial, crema injury, or othe		gave rise to immediate cause iot, stating the underlying cause lost PART 2 OTHER SIGNIFICANT CO	DUE TO, OR AS A CONSE	TO DEATH BUT NOT RELATED TO TH	E TERMINAL DISEASE OR COND	ITION GIVEN IN PART 1(a)
ie faw re s been s nit. Ther prior to ws any i	CEPTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WE	HICH OPERATION WAS PERFORMED	200 AUTOPSY?	20h. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
					YES NO	YES NO
	/ 1	OR CONTRIBUTING CAUSE OF DEAT	21b. TIME OF INJURY HOUR A.M. MONTH P.M.		OCCURRED JENTER NATURE OF INJURY	IN ITEM 18, PART 1 OR PART 2
physical this cert wrial-tra	MEDICAL	21d. INJURY OCCURRED	21. PLACE OF INJURY	211 LOCATION		
DING Pittending After th thand it thand it marked	3	WHILE NOT WHILE AT WORK	LAT HOME, STREET, FACTORY, OF	FICE, FARM, ETC. STREET	CITY OR TOWN	N COUNTY STATE
S a a a a s		220.1 certify that (I) (this haspite	all attended the deceased fr	om /2-/3 19	79 10 /-/-	5 , 19 80, that (I) (we) las
ATTE pital or ECTOF for use on 21 i		saw the deceased alive an_	3-1-00		ipinian death accurred an the da	te and haur and from the causes stated
E S E D S E		abave, (1) (we) (did) (did not 22b. SIGH ATURE	yiew the bady after death.	DEGREE		22c. DATE SIGNED
by the hoby the hope ERALD! detached State Degrached		(11)	22/12	ATTENE PHYSIC	DING MEDICAL STAF	
SPH J by J be d TAN	1	224 PHYSICIAM'S NAME (1195 OF	PRINTS /	220 ADDRESS		
TO HOSPITAL retained by the TO FUNERAL should be deta with the State IMPORTANT:	1	GEORGE ANGOV,			LKENS AVENUE, 2	L229
F 2 F 7 3 E	23	BURIAL, CREMATION, REMOVAL		230 NAME OF CEMETERY OR CREMA	CITY OR TOWN	COUNTY STATE
BP		BURIAL	03-12-80	MEADOWRIDGE MEM.		HOWARD MARYLAND
DHMH-16 25M	24	FUNERAL DIRECTOR	ADDRES:		SO DATE REC'D BY REGISTRAR 2	Sh. REGISTRAR'S SHOWERLES
(VRA 15, 4) 1/79		HUBBARD FUNERAL	HOME, INC. 410	07 WILKENS AVE.	ווועונו ד ד וועווו	

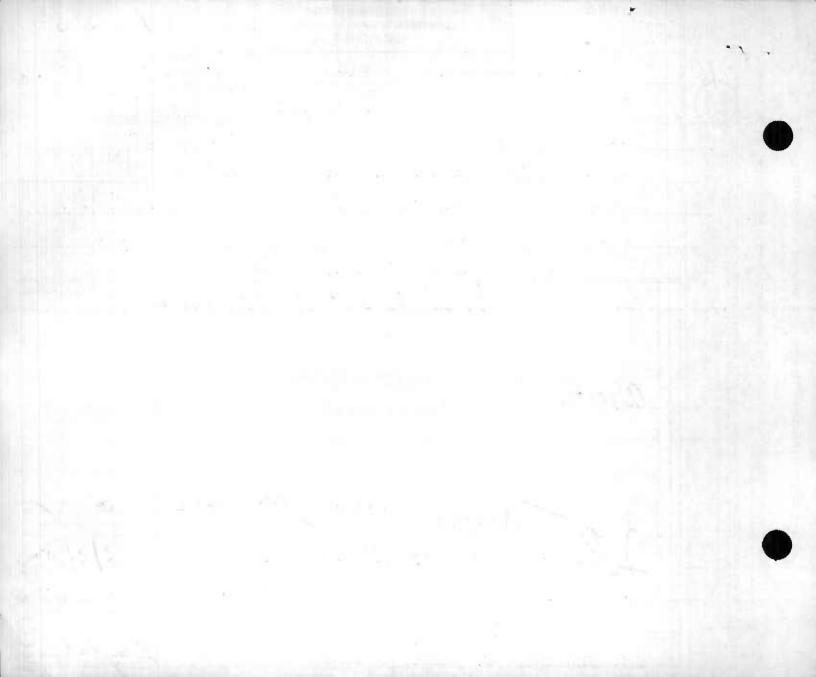
eliberta de la companya de la compan

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

- STATE



(VRA 15, 4) 1/79

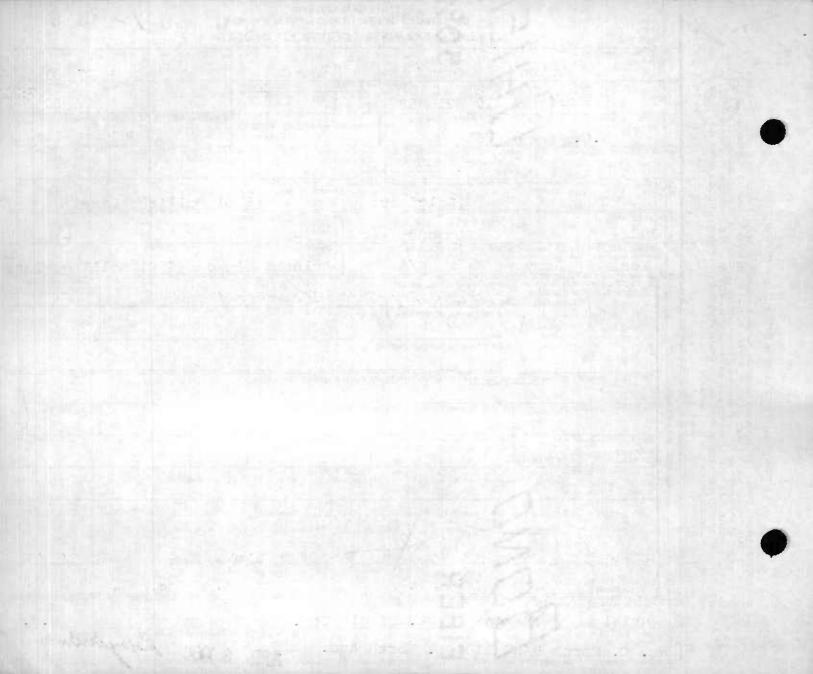
1980

MAR 5

1 0 12	0		Ta	7,122		214	delik.
	75		and the	11	TIGH		
X					.4.2.0		AG .A.T
		111	. 7/11	TE 7 11 1100.T	000 ,0	EV.	* ^ ^{ }} } }}}}}} }}}}}}}}}}
1237	11 COLDER LIE						(164), (1791).
			i	12 6512	000	13	313
Loto	CALVAN TOTAL TELE	VAS THE	17 0001	2			

VOCUL

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20 DATE KNOWN X MONTH 2b. HOUR (TYPE OR PRINT) DEATH MATED Lofton Jeremiah Simmons DATE OF BIRTH 4. RACE AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS SEX DATE LAST BIRTHDAY) PRONOUNCED Male Black 9 27, 80 10 21 58 DEAD To BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY! Baltimore City, N.C. USA DIVORCED WIDOWED 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12h KIND OF BUSINESS 10 CITY OR TOWN OF DEATH 302 E. Chase Street FOR MOST OF WORKING LIFE) Baltimore USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 130 STREET ADDRESS 13b. COUNTY 5501 Bollings Lane MD Baltimore YESX NO [15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME MIDDLE LAST Judge Simmons 16h. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES) (YES, NO, OR UNKNOWN) Yes Arletha Simmons 5501 Bollings Lane Army 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 100 CERTIFICATION 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? BURIAL, YESXX NO [] 21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR 0 MEDICAL CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME, 21f. LOCATION 21d INJURY OCCURRED STREET STREET, FACTORY, FARM, ETC.) CITY OR TOWN WHILE AT WORK 22a. I certify that I took charge of the remains described of over held un Inspection Homicide death resulted from: Suicide Undetermined monner TITLE (SPECIFY) GE 4 SINGERAL DI FTER DEATH, ALTIMORE, M. ACTUAL DATE Deputy Chiefoical EXAMINER 3/27/80 SIGNATURE EXAMINER'S NAME Thomas D. Smith, M.D. ADDRESSILL Penn St. Balto., MD. TYPE OR PRINT) × 0 230 BURIAL CREMATION REMOVAL 236 DATE 23¢ NAME OF CEMETERY OR CREMATORY Mt. Pisqih Cem. Sanford N.C. Burial BP 750. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE Wm. C. March F/H 1101 E. North Ave. /R A15 ME (5)) 15M 7/76

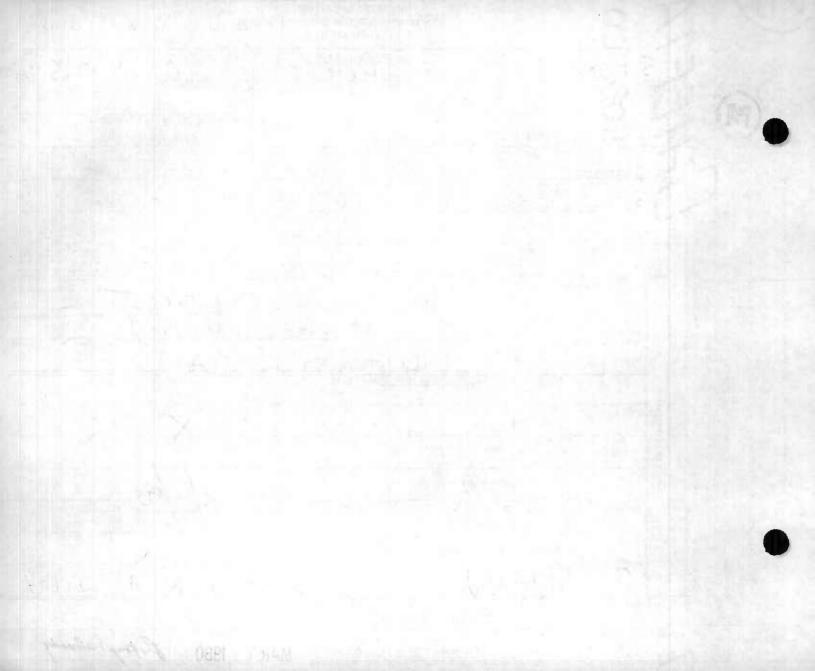


3 2 3		1110		
	22 00 25	1.	011	0.1
				transferance
		Lip vario		
modrant lead	mall and walle	acm12	e Pino ET	miot.
omev ends all	o e-ili onignifes	100 mp (0 - 0 18		
2.12				
		Sally A		

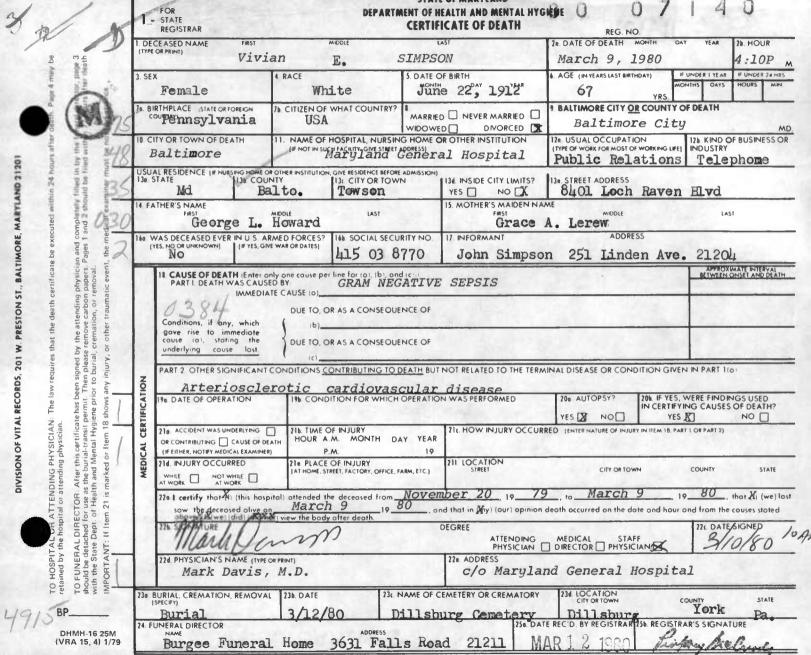
. /	1	tems 11,13e g544 6/13/80 gj STATE OF MARYLAND
	1.	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 0 7 3 /
	LDE	REGISTRAR REG. NO. CEASED NAME 31 FIRST MIDDLE 1 LAST 20 DATE OF DEATH MONTH DAY YEAR 25 HOUR
2 (84)		Marice G. Palmer Simon March 31,1980 6%
4 may free day	3. SE	A RACE S. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHOAY) IF UNDER LYEAR IF UNDER 24 HRS MONTH DAY YEAR MONTHS DAYS HOURS MIN
Page Urs a	-	14 ale 14egro 9 1651 28 vrs.
r death. In 72 hou	7a. B	RTHPLACE (STATE OR FOREIGN TO CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED DINORCED DATE OF DEATH WIDOWED DINORCED MARRIED M
the with	10 C	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVES TREET ADDRESS) 2223 E. Preston St
in by filled		AL RESIDENCE IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
AND 24 hin 24 wild be wild be	13a	MD 136 COUNTY RICHTY OR TOWN 134 INSIDE CITY LIMITS? 136 STREET ADDRESS Preston St
MARYLA ted with pletely d 2 shou	14 F	THER'S NAME 15. MOTHER'S MAIDEN NAME 15. MOTHER'S MAIDEN NAME 15. MOTHER'S MAIDEN NAME 16. MODIE 16.
E, W		VAS DECEASED EVER IN U.S. ARMED FORCES? 160 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS
TIMOR te be ex te be ex te be ex te be ex tr, the n	L	res, NO OR UNKNOWN) IF YES, GIVE WAR OR DATES) 212-56-5619 Annie Simon 2223 to Preston Sto
L. BAL ertifica physici papers emoval		18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c.) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Carciage Carc
S grand		4149 DUE TO, OR AS A CONSEQUENCE OF
t the death he attendir move carbo emation, or other traun		Conditions, if any, which gove rise to immediate cause (a), stating the DUFTO ORASA CONSEQUENCE OF
201 W. urires tha med by t please rei ourial, cre jury, or or		underlying cause lost DUE TO, OR AS A CONSEQUENCE OF Condition of Cond
	NO	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110. Consisting heart to the service of the s
he law he law mit. Ti a prior	CERTIFICATION	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
TALRE	I E	YES NO YES NO
PHYSICIAN: 19 physician. 19 physician. 19 physician. 19 physician. 10 physician. 10 physician. 10 physician. 11 physician. 12 physician.		218. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR 19
PHY PHY NG P P P P P P P P P P P P P P P P P P	MEDICAL	21d. INJURY OCCURRED 21e PLACE OF INJURY 21f. LOCATION STREET CITY OR TOWN COUNTY STATE
ENDING or attendid to the seas the bealth and lis marke	1	AT WORK AT WORK
F O O MI T		22e.1 certify that (1) this hospital) attended the deceased from
FILL FEET		276. SIGNALURE DEGREE ATTENDING MEDICAL STAFF 276. DATE SIGNED
PITA by the ERAL State	-	226 PHYSICIAN'S PRAME (TYPE & PRINT) 220 ADDRESS 220 ADDRESS
TO HOSPITAL retained by the I TO FUNERHOR should be detack with the State D IMPORTANT: I		S.D. modison MB. 2444 & Bille It Biltomi
BP	23a	BURIAL CREMATION, REMOVAL 231 DATE 236 NAME OF CEMETERY OR CREMATORY 238 LOCATION CITY OR TOWN STATE
0804 DHMH-16 25M	24 F	UNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 250.
(VRA 15, 4) 1/79	L	udlow H. Carroll 1529 E. North Ave. APR 2 1980 hopey making

terre supero J. F. See Lit. a. F. C 1 51939 to All B 3 Mrs on working of 8 LANGE COOK OF THE PROPERTY OF

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20 DATE OF DEATH Peter Simonetti J. 3. SEX 4. RACE 5 DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) VEAD Male hite 25 1909 10 To. BIRTHPLACE ISTATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Baltimore City Italv WIDOWED 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR INDUSTRY Baltimore City Hospitals Electrician Baltimore Beth. Steel DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 JSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE AGMISSION)
30 STATE 113 COUNTY 1136 CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Baltimore Dundalk 1710 Searles Road Maryland X 4 FATHER SNAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE FIRST MIDDLE Joseph Simonetti Marv Mongelli ADDRESS1710 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT Searles Rd. (YES, NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) 262-03-1832 Angelina P.Simonetti-Balto.MD 21222 Yes WW II 18 CAUSE OF DEATH (Enter only one couse per line to PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE Conditions, it ony, which gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) CERTIFICATION 2 prior 190 DATE OF OPERATION 20b. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? sho Mental Hygi 210. ACCIDENT WAS UNDERLYING 21h. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH Mem MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21d. INJURY OCCURRED 21e PLACE OF INJURY 21t. LOCATION ă CIDUMTY (AT HOME, STREST, FACTORY, OFFICE, FARMANDE STATE WHILE NOT WHILE AT WORK AT WORK this hospital) oftended th 22a.1 certify that (1) sow the deceased alive an. and that in (my) (our) opinian death accurred an the/date and haur and fram the causes stated above, (1) (we) (did (did not view the body after death 225. SIGNATURE DEGREE 22c. DATE SIGNED MEDICAL ATTENDING STAFF should be deta with the State [PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 22e ADDRESS 0 23a. BURIAL, CREMATION, REMOVAL 23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION 23b DATE (SPECIFY) 3/7/80 Sacred Ht.of Jesus Dundalk, Baltimore, MD Burial 24 FUNERAL DIRECTOR Duda-Ruck, Inc. DHMH - 16 60M 1/75 tree selectes (VR A 15 (4)) 7922 Wise Avenue, Dundalk, MD 21222

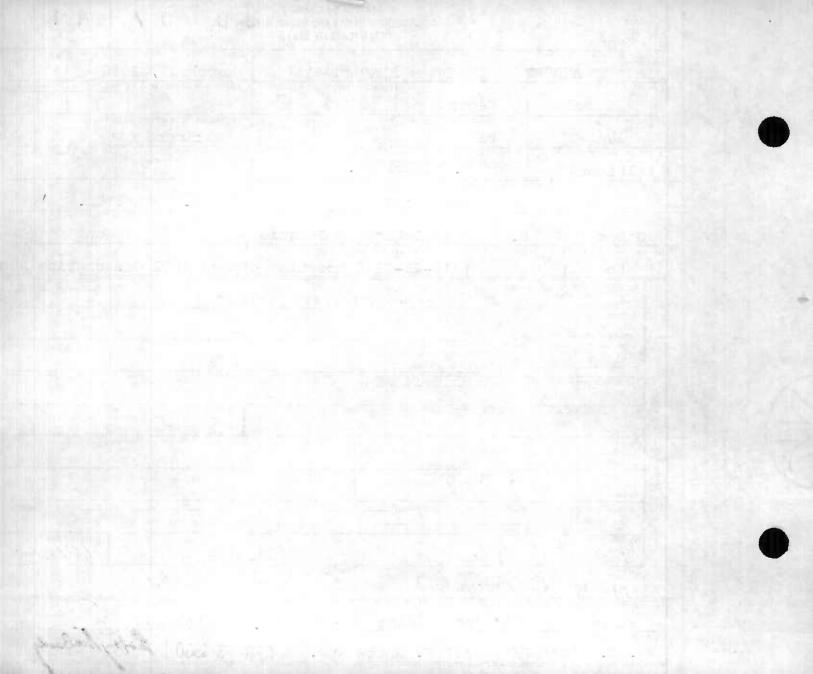


which was a frequency of 121 And the second second . Dollington ve. dalan 1 X and a second Contract of the contract of th the comment of the second seco CH CHILLY 그 내 원들에 그 정말 Sold II. When a one the Vol V. I. deston St. ... This is 1900.



T > 000T - 6 MOURE	p. strsov	Hotyle = -
	PLIES LONG 22, 1918	of se
	Z.	Chevlynnay
nuquiel (moi ele) o lore	Maryland doneral gospital	L.Cimore
tvi nevio nood fijio	E.O. POL	.otre: 12 Exto.
Wero, A	CORTO	Connect L. Hours
on 251 Lindon ave. 1204	415 03 3770 John Simpac	
	STAGE SALLENS FORD	
	corollavascular discome	
T Name of the same of	emmeta reincenvalures o	Licaelareitoita
	c cordinvascilar disease	Licatoraitoit
Narch V No. 10	c cordinyascular sispens	Lionelpreidosa,

2	1 -	FOR STATE REGISTRAR	DE	PARTMENT OF H	E OF MARYLAND BEALTH AND MENT CICATE OF DEATI	AL HYGUNE O	0 7	14	1
_ 1		CEASED NAME FIRST	WIDDLE		AST	2ª DATE O	FDEATH MONTH	DAY YEAR	2b. HOUR
		AUDREY	MAE	SING	LETARY	Mar	ch 29, 1	L980	м
	3. SE	Female	4. RACE Negro	5. DATE C		AR	(EARS LAST BIRTHDAY)	MONTHS DAYS	HOURS MIN
23	7a. BI	RTHPLACE (STATE OR FOREIGN)	USA	MARRIE	D NEVER MARRIE	9 BALTIMO	DRECITY OR COUN	ITY OF DEATH	MD.
00		altimore	(IF NOT IN SUCH FACILITY, GIV 218 N. BE				OCCUPATION RK FOR MOST OF WORKING		OF BUSINESS OR
ag Isa	USU. 13a S	AL RESIDENCE (IF NURSING HOMP OR TATE 13h COUN	TY 130 CITY O	ce before admission) or town cimore	13d INSIDE CITY LIM	AITS? 13. STREET 218	N. Beth	el Ct.	
examine (H. Sing	letary	15. MOTHER'S MAID FIRST Jeanr		MIDDLE	Hunt	Ţ.
event, the medical		VAS DECEASED EVER IN U.S. ARA (IF YES, GIVE	WAR OR DATES)	L SECURITY NO26-2156	17. INFORMANT Rosetta	a Johnson	address n 4022 G		ing Av
ws ony injury, ar other troumatic	CERTIFICATION	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost PART 2 OTHER SIGNIFICANT C 19a DATE OF OPERATION	DUE TO, OR AS A CON (c) ONDITIONS CONTRIBUTION 196 CONDITION FOR V	NG TO DEATH BUT	-15		OPSY? 20b. IF Y	GIVEN IN PART 1 (c) YES, WERE FINDIN HTIFYING CAUSES YES	NGS USED
on 18 sho		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	21b. TIME OF INJURY HOUR A.M. MONT		21c HOW INJURY	OCCURRED (ENTER NA			но 📋
morked of lien	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY,	OFFICE, FARM, ETC.)	211 LOCATION STREET		CITY OR TOWN	COUNTY	STATE
MPORTAIN IN THEM 21 IS INCH		22a. I certify that (I) (this hospit sow the deceased alive on obove, (I) (we) (did) (did not 22b. SIGNATURE A MANUA (- 22d. PHYSICIAN'S NAME (TYPE OR FVANCIS	PRINT) VUIN SIII		, 19 and that in (my) (our) of DEGREE ATTENLE PHYSIC 22e ADDRESS	DING MEDICAL CIAN DIRECTOR	STAFF PHYSICIAN		
	(Burial, cremation, removal Burial	23b. DATE 4/2/80		EMETERY OR CREMA	Pk. Ba	altimore	COUNTY	STATE MD
6		m. C. March F	T/H 1101 E	RESS North	Ave.	APR · 3		pay he	Sundy



1	FOR		ST STAFFAL C	ATE OF MARYLA F HEALTH AND A	ND				
1	STATE REGISTRAR		MEDICAL EXAM			ATIO	7	1 4	2
	DECEASED NAME	FIRST	WIDDLE	LAST	OATE OF DE	20. DATE KNOWN		DAY YEAR	2b. HOU
(TYPE OR PRINT)	harles	Edward	Singlet	on	OF ESTI- DEATH MATED		16 19 80	
3. S	EX . 4 RACE	S. DATE OF		YEARS IF UNDER 1 YR.	IF UNDER 24 HRS		MONTH	DAY YEAR	7:15
1	Male Whit		9 1920 59	YRS. MONTHS DAYS	HOURS MIN.	PRONOUNCED DEAD	3	17 1980	7:15 A M
	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	7b. CITIZEN	OF WHAT COUNTRY?	8. MARRIED N	EVER MARRIED	9. BALTIMORE CITY	OR COUNT	Y OF DEATH	
P	ennsylvania		USA	WIDOWED	DIVORCED T	Balt	imore	City,	MD
10.	CITY OR TOWN OF DEATH		OF HOSPITAL, NURSING HO	ME, OR OTHER INSTIT		SUAL OCCUPATION (TYPE OF WORK	12b. KIND OF BU OR INDUST	JSINESS RY
10	Baltimore	182	6 St. Paul St	reet		aborer		Farm	
30.	STATE 13b	IG HOME OR OTHER INSTIT	UTION, GIVE RESIDENCE BEFORE ADM	ISSION) 13d. INSIDE		REET ADDRESS			
		City	Baltimor		№ □ 182	6 St. Paul	Street	,	
4.	FATHER'S NAME FIRST	MIDDLE	LAST	15. MOTH	HER'S MAIDEN NAM	E MIDDLE	-	LAST	
160	Charles WAS DECEASED EVER IN	Edward	Singleton S? II66 SOCIAL SECUI	Ber	ctha	ADDRE	Flo	wers	
100	(YES, NO, OR UNKNOWN) (HF	YES, GIVE WAR OR DATES)				Aber	deen,	Md. 210	
	NO 18 CAUSE OF DEATH (214-18-7	026 Mary	Ruth Sin	gleton, 302	Old P	cost noa	
	PART I DEATH WAS	CAUSED BY:	per line far (a), (b), and (c).) Arterioscle	rotic Card	iovacoula:	r Diceace		BETWEEN ONSE	T AND DEATH
	4797 M	MEDIATE CAUSE (a	TO, OR AS A CONSEQUENCE		TOVASCUIA	I Disease			
	Canditions, if any,	which	ro, on no n consequence						
	gave rise to import cause (a) stating the		TO, OR AS A CONSEQUENC	F OF				-	
	lying cause last.		, o, on no n consequence	201					
		HOITIONS CONTRIBUTING T	O DEATH BUT NOT RELATED TO THE TO	RMINAL DISEASE OR CONDITI	ON GIVEN IN PART 1 (a).			1	
ON									
CAI	19a. DATE OF OPERATIO)N 19b. (CONDITION FOR WHICH OP	ERATION WAS PERFO	RMED?		- 1	20. AUTOPSY?	?
RTIE	AL SYTERMAN CANES						100	YES 🔯	NO 🗌
MEDICAL CERTIFICATION	210 EXTERNAL CAUSE V		IME OF INJURY UR A.M. MONTH DAY YE	AR 21c. HOW INJUR	Y OCCURRED (ENTER	NATURE OF INJURY IN ITEM	18 PART LOR PAR	T 2)	
NCA	CONTRIBUTING CAL		P.M. 19	214 106 1716					7110
MED	WHILE NOT WH	IILE STR	PLACE OF INJURY (AT HOME, REET, FACTORY, FARM, ETC.)	21f. LOCATION STREET		CITY OR TOWN	cou	INTY	STATE
	AT WORK AT WOR	K							
	22a. I certify that I tac	k charge of the remo	ains described abave, held an	Autapsy X	Inspection .	· Inquiry	and in my api	inian	
	death resulted fram:	Natural causes	X, Accident ,	Suicide, Ham	icide . Unde	termined manner],		
	ACTUAL 1146	2	0000		SPECIFY)		DATE	3/17/8	90
1	SIGNATURE VUIC	ma LL	Juan /11)	M.D. ASS	istant MED	DICAL EXAMINER	SIGNE	3/1//	50
	EXAMINER'S NAME TO	iroinia T.	Dolan, M.D.			111 Pen	n Stre	et	
730	BURIAL, CREMATION, REM			ADDRESS_	OBV 1351 14				
230.	(SPECIFY)	3/21/		EMETERY OR CREMAT		OCATION Y OR TOWN	COUNT		TATE
24.	Burial FUNERAL DIRECTOR			Hill Cemete		re de Grac Y REGISTRAR 256. RE	GISTRAR'S SI		id.
600	NAME		ADDRESS	M4 07007	MAR 24			rebroody	
	arring Funer	al Home, P	A. Aberdeen.	Md. 21001					

disers a line . At 125 May 1 and a second and the contract of the contra wrong to a control and the land of the lan Tall - u - 3 sty _ 13 to line in the line in the style of The Preferal over the control of the Preferance of Control of Cont Constant Payers, J. J. Markett, Mr. 22303 . Will be seen the seen and the seen and the seen and the seen and the seen as the s medicol exor

injury, or other troumotic event, the

MPORTANT: If Hem 21 is marked or Hem 18 shows any

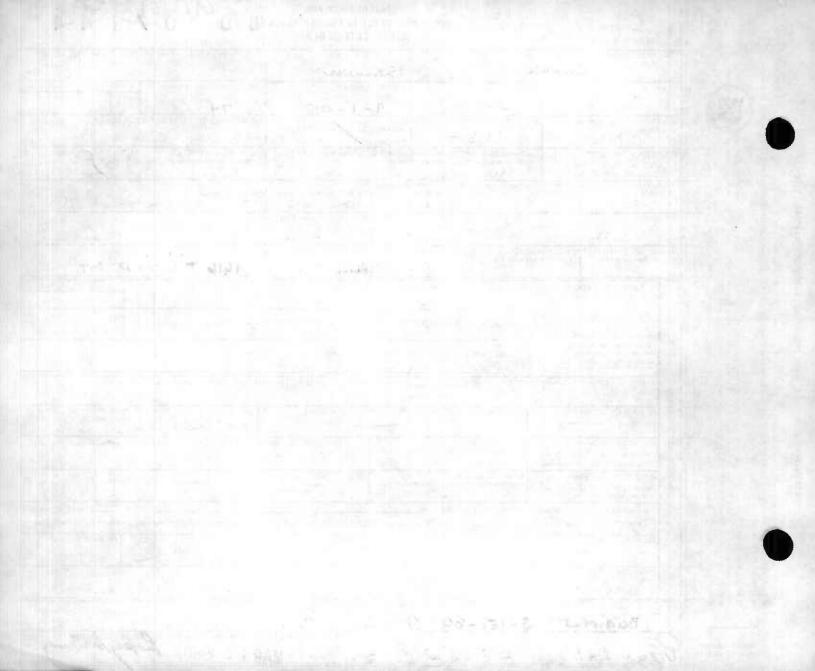
DHMH-16 20M (VRA 15, 4) 7/7B

1 -	FOR STATE REGISTRAR			DEP	ARTMENT OF H	E OF MARYLA IEALTH AND A FICATE OF D	AENTAL HYGI	EG. N	0 7	1 4	13
1. DEC	CEASED NAME	FIRST		MIDDLE		AST		20 DATE OF DEATH	MONTH DAY	YEAR	26. HOUR P
		Andrev			Ski	nner		3/19/80			10:30 _M
3 SE)	Male	1	Blac	ek .	5. DATE 0 MONTH		YEAR	6 AGE (IN YEARS LAST OR		INDER I YEAR	IF UNDER 24 HRS HOURS MIN.
CC	RTHPLACE (STATEORI		U.S		MARRIE WIDOWE	DE NEVER M	ARRIED	BALTIMORE CITY O	R COUNTY O	FDEATH	MD
10 CI	alto.			HOSPITAL, N	Payson	St .	ITUTION	12e USUAL OCCUPAT (TYPE OF WORK FOR MOST OF Mach. Of		INDUSTRY	
13a S	AL RESIDENCE (IF NUR TATE d.	136 COUNTY		GIVE RESIDENCE	E TOWN timore	134. INSIDE CI	TY LIMITS?	13. STREET ADDRESS	son S	t.	
14. FA	John	MID	Skinn	er LAS	т	15 MOTHER'S Sal!	MAIDEN NAM	MIDDLE	W111:	iams^	ST
	VAS DECEASED EVER (ES, NO OR UNKNOWN) 10 O	R IN U.S. ARME			SECURITY NO. 2 1245	Mrs.		Skinner			Payson
	PART I. DEATH V	TH (Enter only WAS CAUSED E	SY.	line for (o), I	b), and (c).)	Turd	100	arpost		,	ONSET AND DEATH
	410 - Conditions, if on		DUE TO, OI	RAS A CONS	SEQUENCE OF	COTE 1	graphy lession	sclep of	endue	mi	nv Ys
	gave rise to im cause (a), stati underlying caus	ng the	DUE TO, OI	R AS A CONS	SEQUENCE OF	4201	ant	epi o sale	120515	34	res +
NOI	PART 2 OTHER SIG	NIFICANT CO	Jes 1	Well	ites	NOT RELATED	TO THE TERMI	nal disease or con	DITION GIVEN	IN PART 1	01
TIFICAL	190 DATE OF OPERA	ATION	196 CONDI	ITION FOR W	HICH OPERATIO	N WAS PERFO	RMED	200 AUTOPSY?	20b. IF YES, WIN CERTIFYIN YES [NGS USED S OF DEATH? NO
MEDICAL CERTIFICATION	210. ACCIDENT WAS UN OR CONTRIBUTING [] (IF EITHER, NOTIFY MEDI	CAUSE OF DEATH	21b. TIME O HOUR A	M. MONTH	H DAY YEAR	21c HOW IN	IURY OCCURRI	ED (ENTER NATURE OF INJU	RY IN ITEM 18, PART	1 OR PART 2)	
MEDIC	21d INJURY OCCUR	RRED VHILE ORK	21e PLACE ((AT HOME, STR	OF INJURY REET, FACTORY, O	OFFICE, FARM, ETC.)	211 LOCATIO STREET	N	CITY OR TO	WN /	COUNTY	STATE
	22a certify that (I sow the decease above, (I) (we)	sed alive on	3 -	17	241	9057 nd that in (my)	, 19 our) opinion d	eoth occurred on the d			that (I) (we) last
	22b. SIGNATURE	John) (Chiss	1/1/1		TTENDING HYSICIAN 🔀	MEDICAL STA		TAL DATE	SIGNED / 86
	224 PHYSICIAN'S N	TA CI	1/3SC	011	K.	94C		North 1	Ave	212	17
23a B	urial, cremation SPECIF Burial	, REMOVAL	3/24	4/80	23c NAME OF C	Mem. I	?k.	Randa1	0.	Y''' Md	STATE
	aites A.	Morto	n & S	ons Accord	1701 La	urens	MAR	2 T 1980	25h Jacque	Y Y RISMIN	SHE /

1 = 1 × 1 = 1 × 1

A CAMER ALVERTED I Sunt I Sunt Links of

ge 3		REGISTRAR CEASED NAME FIRST		DEPARTMENT OF HEALTH AND MENTAL HYGIENS 0 7 1 4						
eath		OR PRINTS	MIDDLE	LAST	REG. NO.	DAY YEAR 2b. HOUR				
66		CNINA		Skinner	3	9 80 655 F				
	3 SE	Female	1 RACE Black	5 DATE OF BIRTH MONTH DAY YEAR 9-1-05	6. AGE (IN YEARS LAST BIRTHOAY) 74 YRS.	MONTHS DAYS HOURS M				
(ESPACE	7a B	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY		BALTIMORE CITY OR COUNT	Y OF DEATH				
10 10 E		NC NALLAND	AZN	WIDOWED DIVORCED	Balto Ci.	4.				
within be		Beet more	(IF NOT IN SUCH FACILITY, GIVE STRE		12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING)	126. KIND OF BUSINESS				
file file	ÜŚU	AL RESIDENCE (IF NURSING HOME O	R OTHER INSTITUTION, GIVE RESIDENCE BET	ORE ADMISSIONI	Betaric					
tely filled in by t should be filed w examiner must b	130.	STATE 136 COUL	NTY 136. CITY OR TO	TES NO [130 STREET ADDRESS	Street 2121:				
	14. F	ATHER'S NAME FIRST	MIDDLE LAST	15. MOTHER'S MAIDEN NA	ME MIDDLE	LAST				
Jest Zeo C		Jeff	Tayl	or Alice		Turner				
and comple		WAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATES)		ADDRESS	OD 5T.				
cian s. Pa al.		// 0		- 4095 ALICE TAYLOR	-acmission dose	APPROXIMATE INTERVAL BETWEEN ONSET AND DEA				
hysiaper aper nova		PART I. DEATH WAS CAUSE	nly one cause per line for (a), (b), o ED BY:		- actuals son drotes.					
ng pl			TE CAUSE (a) Yentricu	In Fibrillation.		~ minute				
arbo , or		410-	DUE TO, OR AS A CONSEO	UENCE OF						
tion tion		Conditions, if any, which		ble myocarlice,	wfanch, or	18 hrs				
he at move emati other		gave rise to immediate								
by the rer , cre		cause (a), stating the underlying cause lost	DUE TO, OR AS A CONSEQ	MENCE OF any desease						
led the fease urial ury,	-									
sign o pri o pri	z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION G	VEN IN PART 1(a)				
Thy ior t	CERTIFICATION	19a DATE OF OPERATION	Tin compilion con while	H OPERATION WAS PERFORMED	20s AUTOPSY? 20b. IF Y	ES, WERE FINDINGS USED				
mit e pr	Ş	1% DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATION WAS PERFORMED	IN CERT	IFYING CAUSES OF DEATH?				
n. per per gren 8 sh	Ē					res 📗 NO 🔲				
physician. is certificate has tial-transit permit. fental Hygiene pr or Item 18 shows	Ü	216. ACCIDENT WAS UNDERLYING			RED (ENTER NATURE OF INJURY IN ITEM 18.	, PART I OR PART 2)				
hys L-tra ntal	4	OR CONTRIBUTING CAUSE OF DE	AIR	DAY TEAR						
This Men	MEDICAL	71d INJURY OCCURRED	21s PLACE OF INJURY	211. LOCATION						
or attending physician. DR: After this certificate ha eas the burial-transit permitealth and Mental Hygiene is marked or Item 18 sho	ME	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE		CITY OR TOWN	COUNTY STATE				
or a Se a Se a Heal		22a I certify that (I) (this hosp	ital) attended the deceased from		, to	, 19, that (I) (we)				
hospital DIRECT hed for u Dept. of b		saw the deceased alive or	ot) view the bady after death.	, and that in (my) (our) opinian	death accurred on the date and ha	our and from the couses stated				
IR E		22b. SIGNATURE	or view the bady after death.	DEGREE		22c. DATE SIGNED				
L D		5.	min 3 4	ATTENDING	MEDICAL STAFF	319180				
RA deta		0 5 000			DIRECTOR PHYSICIAN	_ 317/00				
FUNE uld be of the S	0.0	224. PHYSICIAN'S NAME (TYPE C	OR PRINT)	22e ADDRESS						
retained by the ho TO FUNERAL DI should be detache with the State Del MPORTANT: If		STUART E	2129, 171.	mo Universe!	h of md. Ho	spital				
retained by the hospit TO FUNERAL DIREC should be detached fo with the State Dept. or	73a	BURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY	1234 LOCATION					
	2.30.	SPECIFYE ,			CITY OR TOWN	COUNTY STATE				
BP		DURIAN	3-15 -80	CAK GROVE CEM.	Elizabeth (ity, roic.				
DHMH-16 25M	24. F	UNERAL DIRECTOR	ADDRESS	25a. DAT	AR 1 2 1980	TRAR'S SIGNATURE				



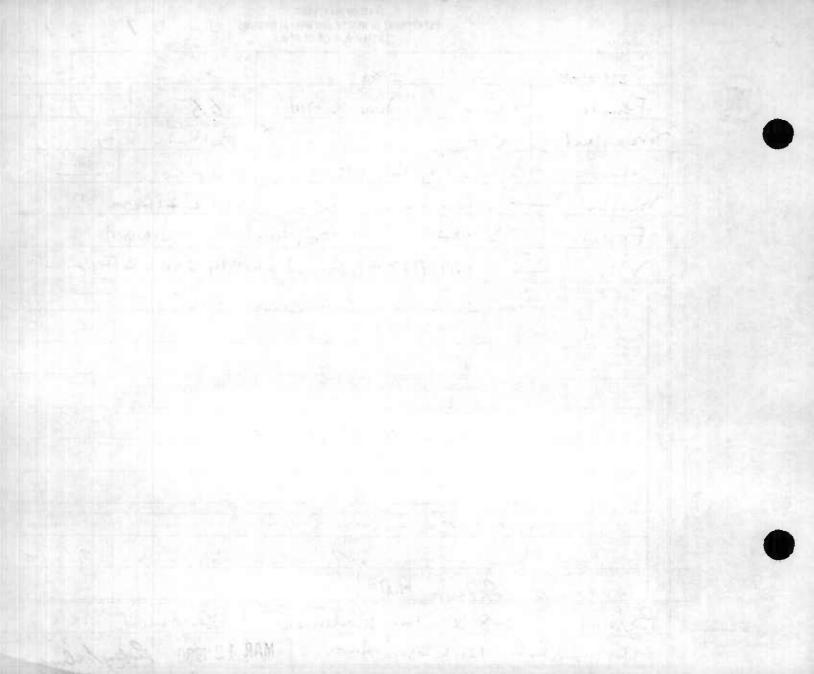
1	I	tems 1,7a g541		STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG	10 0 7	1 4 5
	1.	STATE REGISTRAR	DET AN	CERTIFICATE OF DEATH	REG. NO.	
(84)		CEASED NAME FIRST Margi	MIDDLE	LAST	20. DATE OF DEATH MONTH DA	Y YEAR 26. HOUR
IWI /si		MARKE		SLATER	MARCH 15, 198	
de de	3 SE		4 RACE	5 DATE OF BIRTH MONTH DAY YEAR	MC MC	FUNDER 1 YEAR IF UNDER 24 HRS ONTHS DAYS HOURS MIN
ouc ouc		Female	Black	3 9 57	23 YRS.	
Sed at	7e. B	RTHPLACE STATE ON FOREIGN	75. CITIZEN OF WHAT COUNTRY U. S. A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY OR COUNTY OF	
00 1 Table 100	10. C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI	NG HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION	126. KIND OF BUSINESS OR
333		Baltimore	THE JOHNS HO	PKINS HOSPITAL	(TYPE OF WORK FOR MOST OF WORKING LIFE)	INDUSTRY
and the second	USU 13a.	AL RESIDENCE (IF NURLING HOMEONSTATE	OTHER INSTITUTION, GIVE RESIDENCE BEFORE 13c. CITY OR TO	RE ADMISSION) NN 134. INSIDE CITY LIMITS?	13. STREET ADDRESS	
ould thin thin		Md.	Balti			St. Apt. 10D
S spile 2 spile X			MIDDLE LAST	15. MOTHER'S MAIDEN NA	WE	Slater
and and and	_	Albert	Britton	Fannie		
e m es 1	(MED FORCES? 166 SOCIAL SEC		ADDRESS 92	9 Northill
A an a an a an a an a a an a		No		Clarence Fa	nnie Pulley Rd	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
CE Seath cereo			ply ane cause per line far (a), (b), q ID BY: TE CAUSE (a) AS A CONSEQUENCE OF AS A	o ce pue manay	ed arumixio	5h
OFFIL OFFIL od by the at sase remove ial, cremati		gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUE	JENGE OF heroin a	20	6d
Post of the pier o	NO	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION GIVE	N IN PART I(0)
MED CNER IN: The land. The land be agreed to prior a giene prior 8 shows a	CERTIFICATION	19a DATE OF OPERATION		HOPERATION WAS PERFORMED	YES NO YES	
XAMI XAMI HYSICIAN physician. is certificat inal-transit fental Hygin or Item 18		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH		RED (ENTER NATURE OF INJURY IN ITEM 18, PAR	IT I OR PART 2)
PHEONOGRIP EXAMI EXAMI BIDING PHYSICIA strending physicia	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	211 LOCATION	CITY OR TOWN	COUNTY STATE
R: Affe e as the ealth e is mai		WHILE NOT WHILE AT WORK 220.1 certify that (1) (this haspi	ital) attended the deceased from	3/9 19 80	10 3/15	9 8 0, that (I) (we) lost
ATTEN Pital or ECTOR for use and Hea		saw the deceased alive on	1011		deoth accurred an the date and hour	
TAL OR the host the bost ste Dept VT: If Ite		27b. SIGNATURE	h	DEGREE ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	3//5/50
RELEACH TO HOSPITAL OR retained by the hosp should be detached with the State Dept. IMPORTANT: If Ite		226 PHYSICIAN'S NAME (TYPE O	OR PRINT)	Johns	Appliers	
TO TO should write	73a	BURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY	D 7	COUNTY STATE
250/BP		Burial	3/21/80 B	altimore Cemeter	Baltimore,	Md.
DHMH-16 25M (VRA 15, 4) 1/79		Wm. C. March	F/H 1101 E.	MAN	R 1 8 1980	my stalrady

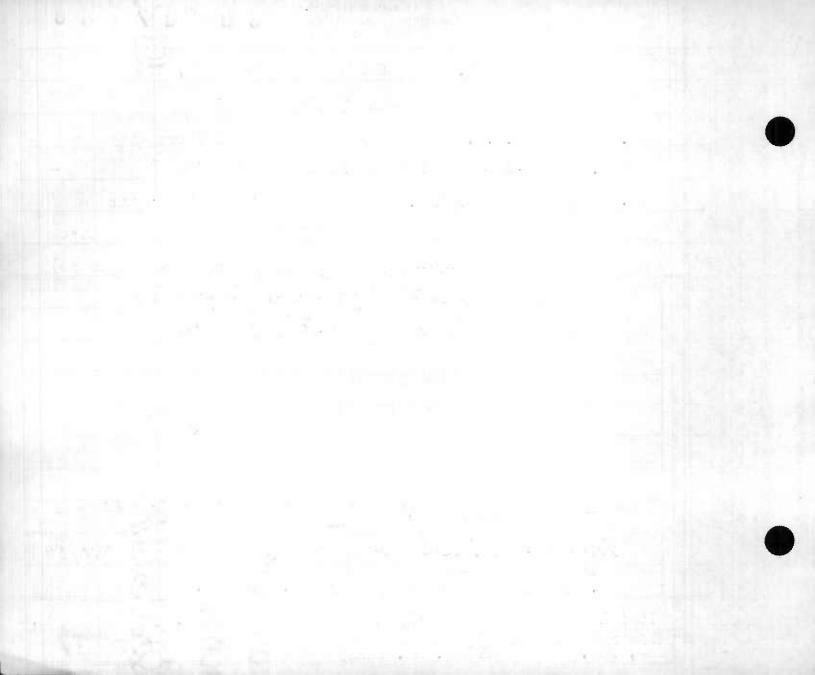
of Bin 0 350 . bM Charge to the same to

Charles .

2.80 14 30 TU N THE LAST - 1 10 to 1-

	1	FOR	DEDA		OF MARYLAND ALTH AND MENTAL !	O Sanovi	(A) 29	2 4 110
E	1 -	STATE REGISTRAR	DEPA		CATE OF DEATH	REG. N	0 /	4/
		CEASED NAME FIRST	MIDDLE	LAS	T	20. DATE OF DEATH	MONTH DAY	YEAR 26 HOUR
1	(TYPE	Elizabeth	١,	Sluka			3 5	80 830 AM
(Proof %	3. SE		4. RACE	5. DATE OF		6 AGE (IN YEARS LAST BI		ER I YEAR IF UNDER 24 HRS
Cr harten		Female	White	June	26, 1914 YEAR	65	YRS.	
2 20 5	7a. B	RTHPLACE (STATE OR FOREIGN QUINTRY)	76 CITIZEN OF WHAT COUNT	RY? 8 MARRIED	NEVER MARRIED	BALTIMORE CITY	OR COUNTY OF D	EATH
tunero thin 72	10.0	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL NU	WIDOWED	DIVORCED	1 12 17h	ione (17	MD.
by the filed w	6	61timore	Baltime we Go	PREE ADDRESS)	(S	(TYPE OF WORK FOR MOST	OF WORKING LIFE) IN	D. KIND OF BUSINESS OR DUSTRY
(ND 212 24 having filled in auld be must be		AL RESIDENCE (IF NURSING HOME OF TATE 136 COL	(6 1)	OWN	3d. INSIDE CITY LIMITS	3511 E.	de Ffeeson	St.
mary La mpletely ond 2 sh	14 F/	TRANK	MIDDLE SLUKA LAST	1	5. MOTHER'S MAIDEN	NAME	JINDRA	LAST
ALTIMORE, M. te be executed icion and comp sers. Pages 1 or il. the medical ex		VAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL S VE WAR OR DATES) 21914	IDOSA	7. INFORMANT J	Lhotsky 25		exson St.
RDS, 201 W. PRESTON ST., B4 equires that the death certificat n signed by the attending physi Then please remove carbon pop to burial, cremation, or remova injury, or other traumatic event,	Z	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSE (b) DUE TO, OR AS A CONSE (c) CONDITIONS CONTRIBUTING	OUENCE OF	OT RELATED TO THE T	ERMINAL DISEASE OR COM	ADITION GIVEN IN	PART 1(a)
AL RECOI	CERTIFICATION	190. DATE OF OPERATION 2 2 210. ACCUPENT WAS UNDERLYING	196 CONDITION FOR WE Navual P	Puersu	e Undrous	200 AUTOPSY? YES NO	IN CERTIFYING YES	RE FINDINGS USED CAUSES OF DEATH? NO
ON OF VITA		OR CONTRIBUTING CAUSE OF D	HOUR A.M. MONTH	DAY YEAR	ZIC HQVV INJOKY OCC	CORRED (ENTER NATURE OF IN)	DRT IN HEM 18, PART TO	CPART 2)
VISIO Order the ond ked o	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED WHILE NOT WHILE AT WORK	P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF	19 FICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TO)WN CO	UNITY STATE
			pital) attended the avegosed fro	m 2/6	26/36 19	, to	. 19	, that (I) (we) last
R ATTEND hospital a PRECTOR: 4 red for use that, of Head for med for use that a part, of Head for use that a part, of Head for use that a part		saw the deceased alive a	dt) view tild body illin death.	9ond	that in (my) (our) apir	nion death occurred on the o	date and hour and	from the couses stated
A De de de la		22b. SUSTMATURE	.()	DE	GREE ATTENDIN	G MEDICAL STA		2c. DATE SIGNED
7 + 7 + 6 -		hop's	de	- 0	PHYSICIA	DIRECTOR PHYS		5/5/80
TO HOSPITAL TO FUNERAL should be det with the State		5 V V A I N	Palmer	MD	22e. ADDRESS			
7 o ± 2 3 ₹	23a.	ORIAL, CREMATION, REMOVA			METERY OR CREMATIC	23d. LOCATION	COUN	STATE
060 ZBP	24.5	Derig!	3-8-80	16-16-	ealeerne M	DATE REC'D, BY REGISTRAL	Plash DECISTRADIC	SIGNIATURE
DHMH - 16 50M 1/76 (VR A 15 (4))	14.1	The of the	h 1211 000 (ES	Saco A		MAR 12 1980	Links.	hen.

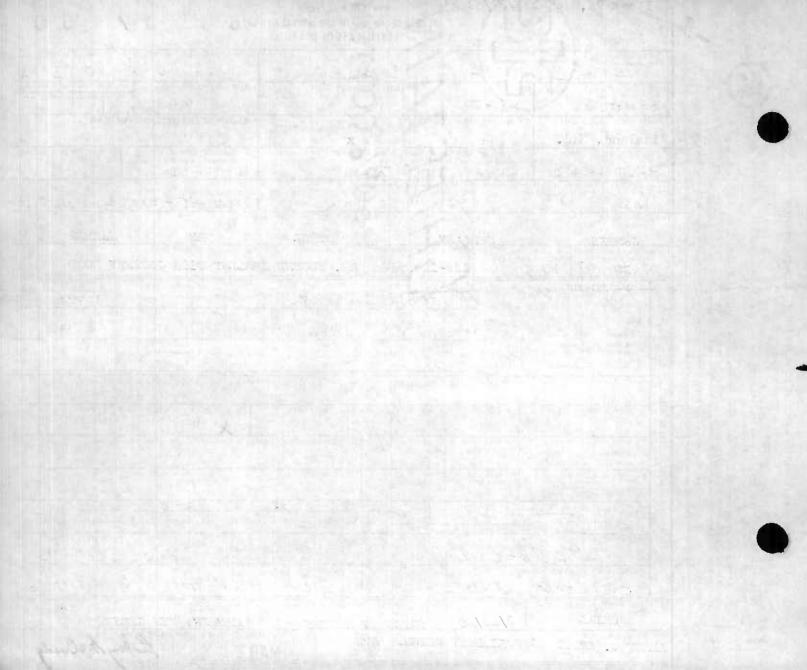




4	1 - #		G541 3/1	11/80 kam	PARTMENT OF	E OF MARYLAND EALTH AND MENTAL HY	GIENE 8	0 7	149
7		ASED NAME	FIRST	MIDDLE A		AST	REG. N 20. DATE OF DEATH	MONTH DAY YE	AR 25. HOUR
may be	3. SEX	Dr.	Samuel	RACE	S DATE (OF BIRTH	8. AGE (IN YEARS LAST BIR	THDAY) IF UNDER I	
Page 4	/a 8483	Male MARIE) M FOREIGN 7h	White CITIZEN OF WHAT COU	3	27 1893	86 BALTIMORE CITY O	YRS. MONTHS	DAYS HOURS MIN
n 727 in 727	9	Jak Kay	eas.	USA	MARRIE		Balto.	City	
by the by the		or Town of	DEATH	1. NAME OF HOSPITAL, N LIF NOT IN SUCH FACILITY, GIVE KESWICK NUT			120 USUAL OCCUPAT LEYE OF WORK FOR MOST OF		STEN ducated
in 24 ha	134 51.	RESIDENCE (IFN	13h COUNTY	THER INSTITUTION, GIVE RESIDENCY	E BEFORE ADMISSION) R TOWN	134. INSIDE CITY LIMITS?	130. STREET ADDRESS	Parks (Rulnul
npletely and 2 should a seam	14. FAT	HER'S NAME FIRST	Si	Quester In	well)	15 MOTHER'S MAIDEN NO	Elisa	i St	Tolers
n and cor Pages 1 ar	láa WA (YES	S DECEASED EV	ER IN U.S KRMI	ED FORCES? 186 SOCIAL	2-0941A	Dr. Mary	L. Small	Balto	. Md.
requires that the death signed by the attendir ten please remove carbo to burial, cremation, or y injury, or other traun	F	Canditions, if a gave rise to cause (a), stounderlying ca	immediate ating the use last	DUE TO, OR AS A CON	SEOUENCE OF	NOT RELATED TO THE TER	MINAL DISEASE OR CON	DITION GIVEN IN PA	years.
i: The law te has been permit. The iene prior: Shows any	CERTIFICATION	a DATE OF OPE	RATION	196 CONDITION FOR V	VHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES NOTX	20h. IF YES, WERE F IN CERTIFYING CA YES	
HYSICIAN I physician. is certificat ial-transit p fental Hygi		10. ACCIDENT WAS DR CONTRIBUTING [IF EITHER, NOTIFY ME	CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. MONT	H DAY YEAR	21c HOW INJURY OCCUI	RRED (ENTER NATURE OF INJU	RY IN ITEM 18, PART I OR PA	RT 2]
DING PHI trending p After this s the burie th and Me marked or	¥	NOT WHILE TWORK AT	T WHILE WORK	218 PLACE OF INJURY (AT HOME, STREET, FACTORY, O	OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TO	WN COUNT	Y STATE
ATTENE ital or at ECTOR: Journal of Health of Health	2	saw the dece	ased alive an_	attended the deceased	AG	8/29 19 7 ond that in (my) (aur) apiniar	death accurred on the d		
TO HOSPITAL OR retained by the hosp TO FUNERAL DIRE should be detached f with the State Dept.		76. SIGNATURE	NAME (TYPE OR P	V loon be	m	DEGREE ATTENDING PHYSICIAN 1224 ADDRESS	MEDICAL STA	FF 2	DATE SIGNED
TO HOSP retained by TO FUNE should be with the S IMPORTA	224 000			er Wilson,		Keswick N	ursing Ho	me, Balto	o., Md.
2 BP	(SP	Surlal		3/12/80	Lorra	ine Park		County,	Ma .
DHMH-16 25M (VRA 15, 4) 1/79		PAGE York		W. Jenkins Balto., N		~ ~ ~ ~	TE REC'D. BY REGISTRAR MAR 1 () 1980	255. REGIEDRAR'S SK	Helrudy

110000 2 27 1514 HEAL HORSE Salto. Derivic Persing Name Colored med property gripped and demine Lighted fred Mily Eliza Steples MI. . CHEST COMES . LONG L. COMES CONTROL OF THE STATE OF Setrificani maneral 47-00 \$ as make for FRANKE. 8.5 38.86 . 41 . 444 wlus. County. and the way to be a season

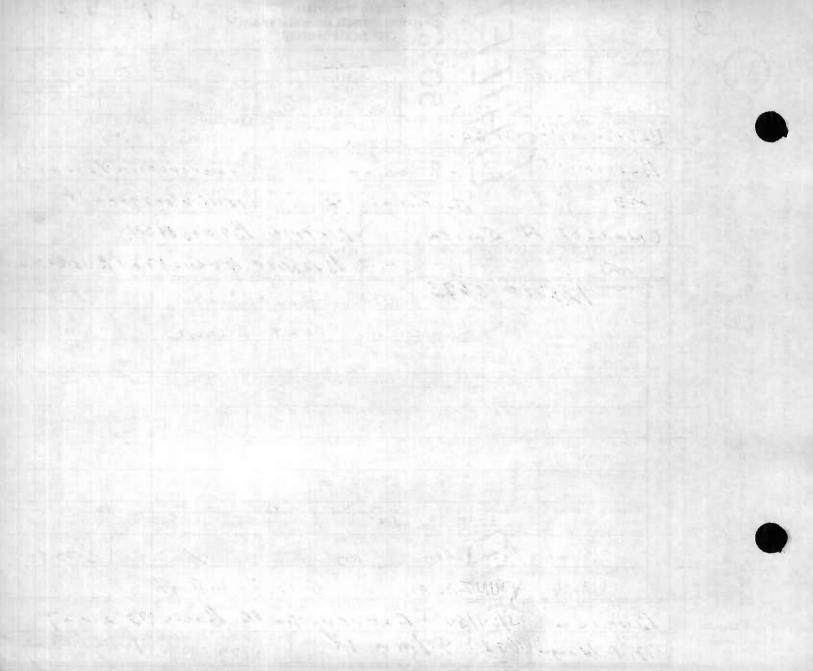
-	-	3.	STATE REGISTRAR				ALTH AND MENTAL HYG	REG. N	40	4	3 0
			CEASED NAME FIRST	MIDD	N.E	LAS	T	20. DATE OF DEATH	MONTH DAY		26. HOUR
a de la contraction de la cont			ETHEL	A.		SMA	LLEY	L. Water	3-8.	- 80	12 56
		1 SE	EMALE	NEGRO	2	S DATE OF	BIRTH YEAR 13	6. AGE (IN YEARS LAST BI		UNDER I YEAR	
1	19	C	RTHPLACE (STATE OR FOREIGN DUNTRY) neland, N.J.	VSA-	AT COUNTRY?	MARRIED WIDOWED	NEVER MARRIED D	9 BALTIMORE CITY	OR COUNTY O	OF DEATH	
- physical	12	10 CI	TY OR TOWN OF DEATH		SPITAL, NURSIN		OTHER INSTITUTION	120 USUAL OCCUPATIVE OF WORK FOR MOST	OF WORKING LIFE	12b. KIND (INDUSTRY	OF BUSINESS
nd semile	35	USUA II S	AL RESIDENCE (IF NURSING HOME OR TATE 136 COUN	OTHER INSTITUTION, GIVE 130	. CITY OR TOWI	N 00 11	3d. INSIDE CITY LIMITS?	13e. STREET ADDRESS 2000 APT	A WOOD	LAWN	DR 21
Alle	in	14. EA	THER'S NAME	MIDDLE	LAST	1	5. MOTHER'S MAIDEN NA FIRST	ME MIDDLE		LA	\ST
4	SC		JESSIE	SMAL			ETHEL	MAE	75.00	HARME	ER
edico	2	()	the first contract of the cont	WAR OR DATES)	SOCIAL SECUI		I INFORMANT MR. EUGENE S	ADDF		EV ROZ	מו
1		VI	JENOWN NO		98-12-6		MR. EUGENE S	MALILET SII	2 UBITICE		
1 0		10	18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE)		e for (a), (b), and HEDNOGEA		SHOCK				CONSET AND DE
E S	90		IMMEDIAT	E CAOSE (O)			2400				1100
o un			Conditions, if any, which	DUE TO, OR AS	SA CONSEQUE	NCE OF	INFARCT	ON		1/2	HR
1			gove rise to immediate cause (a), stating the	(b)		MAC	11.1111-11				
all a			underlying cause lost	(c)	s a conseque	NCE OF					
buriol, cre ry, or othe			underlying cause lost PART 2 OTHER SIGNIFICANT C	(c)			OT RELATED TO THE TERM	NINAL DISEASE OR COP	NDITION GIVEN	N IN PART 1	(0)
or to burnol, cre y injury, or other		HON	PART 2 OTHER SIGNIFICANT C	(c)	TRIBUTING TO D	<u>EATH</u> BUT N					- 130
es ony injury, or other	1	FICATION		(c)	TRIBUTING TO D	<u>EATH</u> BUT N	OT RELATED TO THE TERM	200 AUTOPSY?	20b. IF YES, V	WERE FINDI	INGS USED S OF DEATH
shows any injury, or other	1	ERTIFICATION	PART 2 OTHER SIGNIFICANT C	ONDITIONS CONT	RIBUTING TO D	<u>EATH</u> BUT N	WAS PERFORMED	200 AUTOPSY? YES NO	20b. IF YES, V IN CERTIFY!! YES	WERE FINDING CAUSE	INGS USED
m 18 shaws any injury, or other	1	AL CERTIFICATION	PART 2 OTHER SIGNIFICANT OF THE PART 2 OTHER SIGNIFICANT OF THE PART OF THE PA	196 CONDITIONS CONT 196 CONDITION 196 CONDITION 197 CONDITION 198 CONDIT	RIBUTING TO D	OPERATION		200 AUTOPSY? YES NO	20b. IF YES, V IN CERTIFY!! YES	WERE FINDING CAUSE	INGS USED S OF DEATH
at Nem 18 shows only injury, or other	1	1.5	PART 2 OTHER SIGNIFICANT C	196 CONDITIONS CONT 196 CONDITIO 216. TIME OF IN HOUR A.M. P.M. 21e PLACE OF I	ON FOR WHICH	OPERATION AY YEAR 19	WAS PERFORMED 216. HOW INJURY OCCUR	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJ.	20b. IF YES, IN CERTIFYII YES URY IN ITEM 18, PART	WERE FINDI NG CAUSE T I OR PART 2)	INGS USED S OF DEATH NO
wed or tem 18 shows only injury, or other	1	MEDICAL CERTIFICATION	PART 2 OTHER SIGNIFICANT OF THE PROPERTY OF TH	196 CONDITIONS CONT 196 CONDITIO 216. TIME OF IN HOUR A.M. P.M. 21e PLACE OF I	ON FOR WHICH	OPERATION AY YEAR 19	WAS PERFORMED 21a. HÓW INJURY OCCUR	200 AUTOPSY? YES NO	20b. IF YES, IN CERTIFYII YES URY IN ITEM 18, PART	WERE FINDING CAUSE	INGS USED S OF DEATH NO
noths and Marktal Hygrene prior to burnal, are a marked as them 18 shows any injury, or other	7	1.5	PART 2 OTHER SIGNIFICANT C	19b CONDITIONS CONT 19b CONDITIO 21b, TIME OF IN HOUR A.M. P.M. 21e PLACE OF IN (AT HOME, STREET,	INJURY FACTORY, OFFICE,	OPERATION (Y YEAR 19 ARM, ETC.)	WAS PERFORMED 216. HOW INJURY OCCUR	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJ.	20b. IF YES, IN CERTIFY IN YES	WERE FINDING CAUSE: T I OR PART 2) COUNTY	INGS USED S OF DEATH NO
21 a marked as item 18 shows any silony, or other	1	1.5	PART 2 OTHER SIGNIFICANT OF THE PROPERTY OF TH	19b CONDITIONS CONT 19b CONDITIONS TH HOUR A.M. P.M. 21e PLACE OF I (AT HOME, STREET,	INJURY AONTH DA INJURY ACCORD, OFFICE, FA	OPERATION (Y YEAR 19 ARM, ETC.)	WAS PERFORMED 21c. HOW INJURY OCCUR 211. LOCATION STREET	200 AUTOPSY? YES NO CITY OR TO	20b. IF YES, NIN CERTIFYII YES URY IN ITEM 18, PART	WERE FINDING CAUSE: T I OR PART 2) COUNTY	INGS USED S OF DEATH NO STAT
hern 21 is marked as flem 18 shows any injury, or other	1	1.5	PART 2 OTHER SIGNIFICANT OF THE PROPERTY OF TH	19b CONDITIONS CONT 19b CONDITIONS TH HOUR A.M. P.M. 21e PLACE OF I (AT HOME, STREET,	INJURY AONTH DA INJURY ACCORD, OFFICE, FA	OPERATION Y YEAR 19 ARM, ETC.)	WAS PERFORMED 211. LOCATION STREET 21. 19. 20. that in (my) (our) opinion GREE	200 AUTOPSY? YES NO CITY OR TO CITY OR TO death occurred on the or	20b. IF YES, IN CERTIFY! YES URY IN ITEM 18, PARI	COUNTY	INGS USED S OF DEATH NO STAT
47. If hem 21 is marked as them 18 shows any injury, or other	1	1.5	PART 2 OTHER SIGNIFICANT OF THE PROPERTY OF TH	19b CONDITIONS CONT 19b CONDITIONS TH HOUR A.M. P.M. 21e PLACE OF (AT HOME, STREET, 10d) oftended the de	INJURY AONTH DA INJURY ACCORD, OFFICE, FA	OPERATION (Y YEAR 19 ARM, ETC.) DE	WAS PERFORMED 216. HOW INJURY OCCUR 211. LOCATION STREET that in (my) (our) opinion GREE ATTENDING PHYSICIAN	200 AUTOPSY? YES NO CITY OR TO	20b. IF YES, IN CERTIFYII YES URY IN ITEM 18, PART	COUNTY COUNTY 22c. DATI	STAT
the State Dept. Or relativishing management prior to be used in RTAANT. If them 21 is marked as them 18 shows any injury, or other	1	1.5	PART 2 OTHER SIGNIFICANT OF THE PROPERTION 210. ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED AT WORK 220.1 certify that (1) (this hospit sow the deceased alive an above. (1) (we) (did (did not obove. (1) (we	19b CONDITIONS CONT 19b CONDITIO 19b CONDITI	NJURY MONTH DA INJURY FACTORY, OFFICE, F. eccessed from 19 er death	OPERATION (Y YEAR 19 ARM, ETC.) DE	WAS PERFORMED 21c. HOW INJURY OCCUR 21l. LOCATION STREET that in (my) (our) opinion GREE ATTENDING PHYSICIAN 22e ADDRESS	200 AUTOPSY? YES NO CITY OR TO CITY OR TO death occurred on the of	20b. IF YES, IN CERTIFYII YES URY IN ITEM 18, PART	COUNTY COUNTY 22c. DATI	STATE Thot (I) (we couses state E SIGNED
WPORTANT If them 21 is marked as free, 18 shows any injury, or other	1	MEDICAL	PART 2 OTHER SIGNIFICANT OF THE	196 CONDITIONS CONT 196 CONDITIONS CONT 197 CONDITIONS CONT 198 C	INJURY MONTH DA INJURY FACTORY, OFFICE, F. ecceosed from er death	OPERATION AY YEAR 19 ARM, ETC.) Ond	WAS PERFORMED 211. LOCATION STREET 211. LOCATION STREET 4 19 80 That in (my) (our) opinion GREE ATTENDING PHYSICIAN [22e ADDRESS	200 AUTOPSY? YES NO CITY OR TO CITY OR TO death occurred on the of DIRECTOR PHYS HOSPITA	20b. IF YES, IN CERTIFYII YES URY IN ITEM 18, PART	COUNTY COUNTY 22c. DATI	STATE Those (1) (we couses state E SIGNED
should be detached for use as the bound from a permit. Then phone is with the State Dept. of Health and Minhall Propiers prior to burnd; one IMPORTANT. If them 21 is marked as tem, If thems any injury, or other	1	WEDICAL 230. E	PART 2 OTHER SIGNIFICANT OF THE PROPERTY OF TH	19b CONDITIONS CONT 19b CONDITIO 19b CONDITI	INJURY MONTH DA INJURY FACTORY, OFFICE, F. ecceosed from er death	OPERATION AY YEAR 19 ARM, ETC.) Ond	WAS PERFORMED 21c. HOW INJURY OCCUR 21l. LOCATION STREET that in (my) (our) opinion GREE ATTENDING PHYSICIAN 22e ADDRESS	200 AUTOPSY? YES NO CITY OR TO CITY OR TO death occurred on the of	28b. IF YES, NIN CERTIFYII YES URY IN ITEM 18, PART	COUNTY COUNTY	STAT



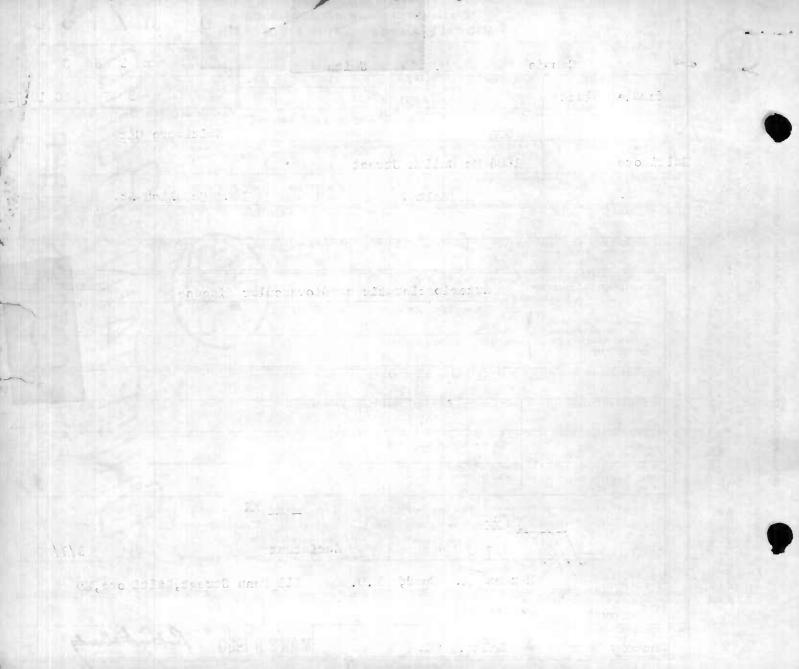
	١,	FOR STATE	DEPARTMEN	STATE OF MARYLAND FOF HEALTH AND MENTAL HY	GIENE 8	071	E 1
		REGISTRAR	CI	ERTIFICATE OF DEATH	REG. N	0 / 1	2 1
		CEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH		AR 26 HOUR
	1100	Baby	Girl Sm	ith	March 1	8, 1980	9:00P
	3. SE	X		DATE OF BIRTH	& AGE (IN YEARS LAST BIRT		YEAR IF UNDER 24 HRS
once.		Female	Black	March 18 1980		YRS.	DAYS HOURS MIN 30
E gat		IRTHPLACE (STATE OR FOREIGN GUNTRY) Maryland		ARRIED NEVER MARRIED XX		RCOUNTY OF DEAT	
She not		ITY OR TOWN OF DEATH Baltimore	11. NAME OF HOSPITAL, NURSING H OF NOT IN SUCH FACILITY, GIVE STREET ADDRI Maryland Gener	OME OR OTHER INSTITUTION al Hospital	12a USUAL OCCUPATE (TYPE OF WORK FOR MOST O	ON 12b KII	ND OF BUSINESS OF
iner m	130.	waryland Waryland	R OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADM NTY 13c. CITY OR TOWN Baltimore	134 INSIDE CITY LIMITS? YES YES NO	13e. STREET ADDRESS 2409 Lake	eview Ave.	
O Calexa		David	MDDLE LAST Jones	15. MOTHER'S MAIDEN NA FIRST Lynta	ME MIDDLE		Smith
t, the me	160 \	NAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GM NO N	E WAR OR DATES)	Medical Rec	ords neral Hospit		nden Ave.
S snows any injury, or other	CERTIFICATION	19a DATE OF OPERATION	(b)	H BUT NOT RELATED TO THE TERM	100 AUTOPSY? YES NOTO	DITION GIVEN IN PAR 20b. IF YES, WERE FI IN CERTIFYING CAU	NDINGS USED
9		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH DAY	YEAR	RED JENTER NATURE OF INJUR	RY IN ITEM 18, PART 1 OR PAR	τ 2)
marked o	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, I	21f LOCATION	CITY OR TOW	VN COUNTY	STATE
If Item 21 is		saw the deceased alive an above, (i) (we) (did) (d .X.X o 27b. SIGNATURE	tal) offended the deceased from March 18 80	DEGREE DEGREE	death accurred an the do	ate and hour and from	tho KUK (we) lose the causes stated
<u></u>		Macio	1000	ATTENDING PHYSICIAN [MEDICAL STAF		119180
IMPORTANT:	,	77d PHYSICIAN'S NAME (WPEO		77e ADDRESS C/O Maru	land General	l Hospital	

Greek 18, 1920 1 1920		abi.	13.1	
	ren 10 Inu		Shali	Female -
			ARM	
no	indicad			410-12-51
2009 Jakevier Ave.	Y/X	eronla Ind		busings,
V641mb	Lunea			
rds eral Mongatal 827 Linden Avo				ò
edita cain alota	Edmont, dramak			
- AX	E-moon 31303E			
	the second second			X
***			AN MAKON T	×

3	FOR STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MEN CERTIFICATE OF DEAT	TAL HYGIENE	5 2
(88)	CEASED NAME FIRST	MIDDLE LAST	2a. DATE OF DEATH MONTH DA	Y YEAR 26. HOUR
10/1/2	Apron	Smith	3 2	
4 00	4 RACE	5. DATE OF BIRTH MONTH DAY		FUNDER I YEAR IF UNDER 24 HRS ONTHS DAYS HOURS MIN
oge ours ours	nale Blac		90 89 YRS	
rer death P	RTHPLACE (STATE OR FORMS) 16. CITIZEN OF COUNTRY)	WHAT COUNTRY? 8. MARRIED □ NEVER MARR WIDOWED ☑ DIVORO	0 11	
softer d		HOSPITAL, NURSING HOME OR OTHER INSTITUT CHFACILITY, GIVE STREET ADDRESS)	10N 12a. USUAL OCCUPATION (TYPHOF WORK FOR MOST OF WORKING LIFE)	176. KIND OF BUSINESS OR INDUSTRY
(ND 2120 24 hours filled in b ould be fil	AL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION	N. GIVE RESIDENCE BEFORE ADMISSION) 136. CITY OR TOWN 136. INSIDE CITY L	IMITS? 130 STREET ADDRESS	
Within within d 2 sho	THER'S NAME WARALEA ANDLE SA	VEST NO IS MOTHER'S MA FIRST FIRST		LAST
MORE,	VAS DECEASED EVER IN U.S. ARMED FORCES? (ES, NO OR UNIX NOWN) (IF YES, GIVE WAR OR DATES)	166 SOCIAL SECURITY NO. 17 INFORMANT	PICE KEVAUS VERY	KUSKINAVI
15, 201 W. PRESTON ST., BALTI	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last (c)	PRAS ACONSEQUENCE OF OR AS A CONSEQUENCE OF OR AS A CONSEQUENCE OF ONTRIBUTING TO DEATH BUT NOT RELATED TO	INT DIFFASE THE TERMINAL DISEASE OR CONDITION GIVE	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 4 COLYS 7 441.
I RECORE In le low req In. In le low req In	19a DATE OF OPERATION 19b. CONE	DITION FOR WHICH OPERATION WAS PERFORME	D 200 AUTOPSY? 206 IF YES, IN CERTIFY	WERE FINDINGS USED ING CAUSES OF DEATH?
ON OF VITA HYSICIAN: Th ding physicic is certificate buriol-transit Mental Hygie	ON CONTRIBOTING CONTRIBOTING	OF INJURY .M. MONTH DAY YEAR .M. 19	OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PAG	RT 1 OR PART 2)
VISION G PHYS ortending er this or the bur ond Me	21d INJURY OCCURRED 21e PLACE	OF INJURY REET, FACTORY, OFFICE, FARM, ETC.) 21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
PITAL OR ATTENDI by the hospitol or ERAL DIRECTOR. I he detoched for use State Dept. of Heal ANT: If hem 21 is m	above H (we) (did) (did not) view the bod 226. SIGNATURE ALM 224. PHYSICIAN'S NAME (TYPE OR PRINT)	y offer death. DEGREE ATTEN	Opinion death occurred on the date and hour NDING MEDICAL STAFF SICIAN DIRECTOR PHYSICIAN	ond from the couses stoted 272. DATE SIGNED 3-70 TV
TO HOSI retained TO FUN should b with the	BURIAL, CREMATION, REMOVAL 236. DATE	23c. NAME OF CEMETERY OR CREM	CITYOR TOWN -	CHINTY
150/ BP	Junia 4 3/24	180 REGUYUSY		DUNTY 12 2 7 STATE
DHMH-16 50M 7/77 (VR A 15 (4))	MAME A Wanged 638	b Gogresom n 3 7	250. DATE REC'D. BY REGISTRAR 256. REGISTRAR 2 4 1980	ARIS SIGN LURED

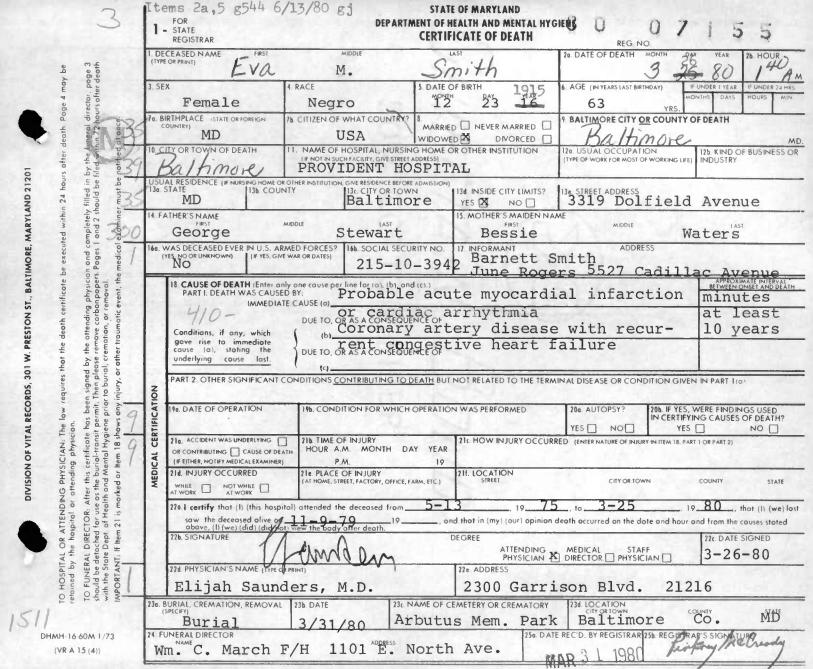


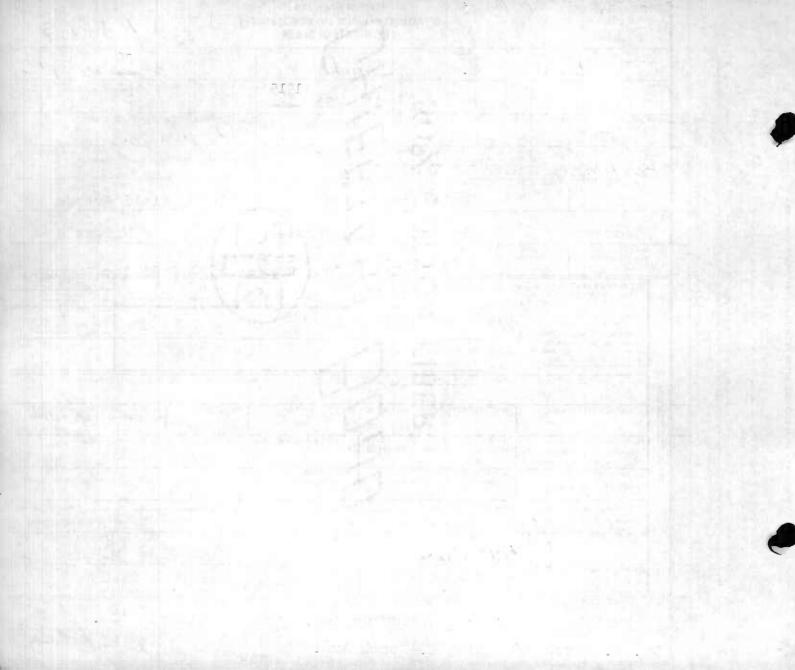
1-	FOR STATE REGISTRAR		N	DEPART/	MENT OF	HEALTH		ENTAL			RE	G. NO.	7	- 1	5	3
	CEASED NAME PE OR PRINT)	e First Camr	mie	MIDDLE M.		Sm	ith			2a. DATE OF DEATH	-	/N 🔲	монтн	DAY 6	7EAR 10 80	7). HQU
3. SE	female	4 RACE black	5. DATE OF BIR		6. AGE (IN YEA LAST BIRTHDA	ARS IF UN	DER 1 YR.	IF UND	ER 24 HRS.	2c. DAT PRONOU DEA	E INCED		монтн	7	10 80	10 to
15	IRTHPLACE (ST OREIGN COUNTRY)		76. CITIZEN OF			WIDOW		DIVOR		9. BALTII	MORE C	_			EATH	
Ва1	timore		1804	Mc Cul	loh St	reet	ER INSTITU	NOIT	12a. US FOR	MOST OF WO	JPATION	TYPE O	F WORK	12b. KIN	ND OF BU	SINESS
1130. 9	Md.	(IF IN MURSING HOME (13c. CITY	BEFORE ADMISSION OR TOWN		13d. INSIDE (CITY LIMITS?		REET ADDR	RESS IcCu]	lloh	St		-	
14. F.	ATHER'S NAME		MIDDLE	t	AST		IS. MOTH	ER'S MAI	DEN NAM	E	MIDDLE			ı	LAST	
16a. \	WAS DECEASED (ES, NO, OR UNKNO)	DEVER IN U.S. AR.	MED FORCES? WAR OR DATES)	16b. SOC	IAL SECURITY	NO.	17. INFOR	MANT	3/		ADD	RESS				
	Canditian gave rist cause (a) lying caus	is, if any, which e ta immediate stating the <u>under-</u> se last.	(b)	Arterio ORASACON ORASACON	SEQUENCE C)F				dise	ase					100
NOI		SHIFICANT CONDITIONS	CONTRIBUTING TO DEA	ATH BUT NOT RELAT	ED TD THE TERMI	NAL DISEASE	DR CONDITIO	N GIVEN IN	PART 1 (a).							
CERTIFICATION	19a. DATE OF	OPERATION	19b. CON	DITION FOR V	VHICH OPERA	ATION W	AS PERFOR	MED?							UTOPSY?	NO [X
MEDICAL CER		OR G CAUSE OF I	HOUR A	OF INJURY A.M. MONTH P.M.	19	21c. HO	W INJURY	OCCUR!	RED LENTER	NATURE OF IN	UJURY IN IT	EM 18 PAR	T 1 OR PA			
MED	21d. INJURY OF WHILE AT WORK		21e. PLAC STREET, F.	E OF INJURY ACTORY, FARM, ET	(AT HOME,	21f. LOC	ATION			CITY OR TO	NWC		CO	UNTY		STATE
	22a. I certify death resulted ACTUAL SIGNATURE_	y that I taak charg d fram: Natur	ge of the remains of	Accident		Autaps;	Hami		t	Inquiry termined m	anner		DATE SIGNE		3/7/	′ 80
	EXAMINER'S N	IT)	Hormez		luar d ,				Penn	Stre		Balt			1D	
(5	Remo		3b. DATE 3/25/80		AME OF CEM	ETERY OR				OR TOWN			COUN			ATE
24. FI	NAME Anatomy		ADDRE TO A T	Lto., M	a			MAR	2 8 19	REGISTRA	AR 25	REGISTR	RAR'S	IGNATU	JRE	



	1.	FOR - STATE REGISTRAR		DEPARTM	ENT OF H	E OF MARYLA EALTH AND M ICATE OF D	AENTAL HYG		0 7	15	4
		CEASED NAME FIRST		MIDDLE		MATH		REG. NO 20. DATE OF DEATH	MONTH		26. HOUR
d ye		EARI		H					430	11 80	10.354
age 4 m	3 SE	MALE	4 RACE	WE ALIAN	S DATE C		91	6 AGE (IN YEARS LAST BIRT		# UNDER I YEAR	# UNDER 24 HRS
Thomas Park		RTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF	WHAT COUNTRY?	MARRIE	D NEVER M	ARRIED X	BALTIMORE CITY O	R COUNTY	Y OF DEATH	
B		ennsylvania	USA		WIDOWE	D DN	ORCED	Balti			N
and the SS		ndallstown	AF NOT IN SU	HOSPITAL, NURSING CHEACILITY, GIVE STREET A	DDRESSI			12e USUAL OCCUPATI		FE) INDUSTRY	BUSINESSO
A ho	USU	AL RESIDENCE HE NURSING HOME O	R OTHER INSTITUTION		ADMISSION	13d. INSIDE CIT		13e. STREET ADDRESS	Mario	1012	
1 1 3S			cil	Perrvvil			NOX	R.D.			
sho		ATHER'S NAME				15 MOTHER'S		ME			
Complet and 2:		William	MIDDLE	Smith			mst Mary	MIDDLE		LAST	
1 an	Ián V	WAS DECEASED EVER IN U.S. AF	MED FORCES?	166 SOCIAL SECUI	RITY NO.	17 INFORMAN	7	ADDRE	SS		-
Pages Pages			E WAR OR DATES)	la sociation				orn Brown, 1	Bel A		
y sicia Ders. Dval.		18 CAUSE OF DEATH (Enter o	nly one couse pe	r line far (a), (b), and	lica					BETWEEN O	MATE INTERVAL MSET AND DEATH
phy pap eme		PART I. DEATH WAS CAUSI	TE CAUSE (o)	cardi	0-101	re- A	rrest				
ending carbor on, or I trauma		4191		OR AS A CONSEQUE	NICE OF				0		
		Conditions, if any, which	(ib)	Artero	schen	ofic	Cond	iovensent	on 17	higema	
the attemove emati		gave rise to immediate cause (a), stating the	10/-				1886 E. H				
70.0		underlying cause last	DUE TO, C	OR AS A CONSEQUE	NCE OF		-				
signed the please of burial vinjury,	z	PART 2. OTHER SIGNIFICANT	CONDITIONS C	ONTRIBUTING TO D	EATH BUT	NOT RELATED	TO THE TERM	INAL DISEASE OR CON	DITION GIV	VEN IN PART 10	1
any ar	CERTIFICATION	19a DATE OF OPERATION	196 CONE	DITION FOR WHICH	OPERATIO	N WAS PERFOR	RMED	200 AUTOPSY?		S, WERE FINDIN	
shows	ΙĔ	_			_			YES TO NOTAL		FYING CAUSES	OF DEATH?
transit p tal Hygin Item 18	1 8	210 ACCIDENT WAS UNDERLYING		OF INJURY		21c HOW INJ	JURY OCCURE	RED (ENTER NATURE OF INJUI			- (2)
Certificans trans		OR CONTRIBUTING CAUSE OF DE		.M. MONTH DA				-	,		
Aler or	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED		OF INJURY	19	211 LOCATIO	N				
After the street of the street	ME	WHILE NOT WHILE	(AT HOME, S	TREET, FACTORY, OFFICE, FA		STREET		CITY OR TOV		COUNTY	STATE
DIRECTOR: hed for use a Dept. of Heal If Item 21 is		220.1 certify that (I) (this hasp saw the deceased alive or			2 - 0 . or	d that in (my) ((our) opinion (death accurred on the de	ote and have		hat (I) (we) la
RE(d fo d fo pt. o		obove, (I) (we) (did) (did no 22b SIGNATURE	ot) view the bod	y ofter death.		DEGREE				22c DATE S	IGNED
NAL DIRECT letached for u ate Dept. of NT: If Item 2		2500	Mali			A1	TTENDING PHYSICIAN	MEDICAL STAI			-11-8
TO FUNERAL DI should be detache with the State De IMPORTANT: H		224. PHYSICIAN'S NAME TYPE	PAT		17	22e ADDRESS	130%.			12113	3
short with	23o	BURIAL, CREMATION, REMOVAL			AME OF C	EMETERY OR C		23d. LOCATION CITY OR TOWN		COUNTY	STATE
		Burial	3/14/	80 12	urel	Hill Ce	metery	Philade	1 phia		
	74. F	UNERALDIBECTOR /	1/0	//	CAL CE I			E REC'D. BY REGISTRAR			
HMH-16 25M RA 15, 4) 1/79	3,741,8	HICKS HOLLY OF	- De	ADDOESS	. MD.		24.0	0 4 0 1000	P	tru hal	
	_	TICKS TOT	FUNERAL	S, ELKTON	, LID .		T M (R 1 8 1000	- BUM	ry// Sin	sady_

connectivants controllers [action of the control was it all anchor faryland coll overville s in the coll overville s		4 11403		- 5 PAGE 1
Agrigation Laltimore Comply Joseph Jack and Agrical anchors for the formal Hospital and Agricand Agricand Control of the formal and the formal around the fo				a reterior
Arryland Cell Gervylle S	noon131s1			oinsvlvanio
Arryland cell arryline X The contract of	ariche	Last golf faror	more County Jan	month the manual trains
on the second of			affivers	Miles beatweak
	Side plan was rea			wat till
	n Sroun, not .it. st.	odget		





				STATE OF MARYLAND	. 0 15	prog. 100 g 3.40 g
EA	1-	FOR STATE REGISTRAR	DEPARTI	MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO	0/156
(M)		CEASED NAME FIRST OR PRINT)	MIDDLE	LAST		MONTH DAY YEAR 26 HOUR
1 kp		Fran	k Joseph Smith		3-2-80	I A
tor, pu	3 SE)		1 RACE	S DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTH	(DAY) IF UNDER 1 YEAR IF UNDER 24 H
ector, rs afte		Me	White	2-19-1897	83	YRS.
th. P		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	BALTIMORE CITY OF	COUNTY OF DEATH
dea 7772		Texas	U.S.A.	WIDOWED DIVORCED	Baltimone	Citu
by the fuel of within	10. CI	Baltimore	(IF NOT IN SUCH FACILITY, GIVE STREET	NG HOME OR OTHER INSTITUTION ADDRESS)	TYPE OF WORK FOR MOST OF	WORKING LIFE) 12h KIND OF BUSINESS WORKING LIFE) INDUSTRY Retired
4 - 2	USU	AL RESIDENCE (IF NURSING HOME O	OR OTHER INSTITUTION, GIVE RESIDENCE BEFOR	E ADMISSION)		
filled i		TATE 136 COU	Balto.	YES NO	13r. STREET ADDRESS	2120
within shoul shoul		THER'S NAME	Ducto.	15 MOTHER'S MAIDEN NA	ME THE	110000 rive, ue =2/20
7 00		John Smith	MIDDLE LAST	FIRST	MIDDLE	LAST
ar ar	14a V	AS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SECU	JRITY NO 17 INFORMANT	ADDRE	SS
e be exe			WE WAR OR DATES)	A C I		
Pan ian			1104-05-2	3// line John P.	mith -4000	Parkwood Ave -2/2
ny sic ny sic noval ever		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS		gic: 1 e 21 -	- 1.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
ng ph nn pa rem			ATE CAUSE (o)	remoscherte Heart	Ussus	-
arbo n, or		4140	DUE TO, OR AS A CONSEQU		,	
he d atte		Conditions, if any, which	(b)	Ilmeralized Outerros	elesson	year
s that the at lby the at se remove al, cremati		gave rise to immediate cause 101, stating the underlying cause lost	DUE TO, OR AS A CONSEQU	ENCE OF		
sw requires een signed b Then please or to burial, any injury,	1	PART 2 OTHERS IGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONE	DITION GIVEN IN PART 1(0)
w rec	0	Chronic	Brain Later	anne Periode	! Vaccular	Diagram
e le	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICE	OPERATION WAS PERFORMED	20e AUTOPSY?	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
e ha	Ĭ				YES NO	YES NO
rian.	E	210 ACCIDENT WAS UNDERLYING		21¢ HOW INJURY OCCUR		
11 X X X X X		OR CONTRIBUTING CAUSE OF DE		AY YEAR		
SIC ysil	1 <					
HYSIC I physical cert rial-tra Aental or Ite	DICA	21d. INJURY OCCURRED	21R PLACE OF INJURY	211 LOCATION		
HYSIC I physicant inscentrial tradition of the	MEDICAL	21d. INJURY OCCURRED	21R PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,		CITY OR TOW	N COUNTY STATE
IDING PHYSIC strending physis After this cert ss the burial-tra ss the burial-tra in and Mental th and Mental	MEDICA	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE,		CITY OR TOW	2/1/80
TENDING PHYSIC or attending physic or attending physic OR: After this cert use as the burial-tra Health and Mental Health and misses is marked or Itel	MEDICA	21d. INJURY OCCURRED WHILE NOTWHILE ATWORK ATWORK 22d I certify that (I) (1/24is has; sow the deceased alive a	(AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC. STREET 4/028/, 19_78	, tos	3/2/, 19_8°0, that (1) (we)
ATTENDING PHYSIC isial or attending physic properties of the burial-tractor use as the burial-tractor of Health and Mental of Health and Markal and 21 is marked or Item	MEDICA	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 22d I certify that (I) (1) this has sow the deceased alive a obove, (I) (was 14-44) (did not be obove.)	(AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.] STREET 4/28/, 19/8 80 , and that in (my) (owr) opinion	, tos	3/2/, 19 0, that (I) (we) the and hour and from the causes stated
bospital or attending physics hospital or attending physical physi	MEDICA	21d. INJURY OCCURRED WHILE NOTWHILE ATWORK ATWORK 22d I certify that (I) (1/24is has; sow the deceased alive a	(AT HOME, STREET, FACTORY, OFFICE,	SO ond that in (my) (owr) opinion DEGREE ATTENDING	, to	3 / 2 / 19 50 , that (I) (we) are and hour and from the causes stated from the cause stated fr
bospital or attending physis shospital or attending physis DIRECTOR: After this certabled for use as the burial-transfer of Health and Mental If Item 21 is marked or Item	MEDICA	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 22d I certify that (I) (this has sow the deceased alive a obove, (I) (maintain) (did in 22b. SIGNATURE	(AT HOME, STREET, FACTORY, OFFICE, proof) attended the deceased from 3/21/19 NOT) view the body ofter deoth.	SO ond that in (my) (aw) opinion DEGREE MID ATTENDING PHYSICIAN (IN)	, tos death accurred on the do	3 / 2 / 19 50 , that (I) (we) are and hour and from the causes stated for the cause stated for
bospital or attending physics hospital or attending physical physi	MEDICA	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 22a I certify that (I) (this has saw the deceased alive a obove, (I) (wall did not alive a cobove).	(AT HOME, STREET, FACTORY, OFFICE, proof) attended the deceased from 3/21/19 NOT) view the body ofter deoth.	SO ond that in (my) (owr) opinion DEGREE ATTENDING	, to	3 / 2 / 19 50 , that (I) (we) are and hour and from the causes stated for the cause stated for
DR ATTENDING PHYSIC shospital or attending physis DIRECTOR: After this cert shed for use as the burial-tra Dept. of Health and Mental If Item 21 is marked or Ite	MEDICA	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 22d I certify that (I) (this has sow the deceased alive a obove, (I) (maintain) (did in 22b. SIGNATURE	(AT HOME, STREET, FACTORY, OFFICE, proof) attended the deceased from 3/21/19 NOT) view the body ofter deoth.	SO ond that in (my) (aw) opinion DEGREE MID ATTENDING PHYSICIAN (IN)	, to	3 / 2 / 19 50 , that (I) (we) are and hour and from the causes stated for the cause stated for
L OR ATTENDING PHYSIC shospital or attending physis DIRECTOR: After this cert ched for use as the burial-tra Dept. of Health and Mertal If Item 21 is marked or Itel	23a 8	214. INJURY OCCURRED WHILE NOT WHILE AT WORK 226. I certify that (I) (Ihis has; sow the deceased alive a obove, (I) (wasted alive a obove, I) (wasted alive al	(AT HOME, STREET, FACTORY, OFFICE, print) attended the deceased from 3 2 1 19 not) view the body offer death. OR PRINT) AL [23b. DATE 23c.	STREET STREET	, to	3 / 2 / 19 50 , that (I) (we) are and hour and from the causes stated for the cause stated for
bospital or attending physics hospital or attending physical physi	23a 8	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 22d I certify that (I) (1his has; sow the deceased alive a obove. (I) (wasted alive a) 22b. SIGNATURE 22d. PHYSICIAN'S NAME (TYPE	(AT HOME, STREET, FACTORY, OFFICE, print) attended the deceased from 3/2/1/19 not) view the body ofter deoth. Burgella	STREET 428, 19 8 60 ond that in (my) (ow) opinion DEGREE MID ATTENDING PHYSICIAN 27R ADDRESS NAME OF CEMETERY OF CREMATORY Agnes (em.	, to	19 80, that (I) (we) the and hour and from the couses stated 1221. DATE SIGNED FIAN 3/3/80 COUNTY STATE SEE New York

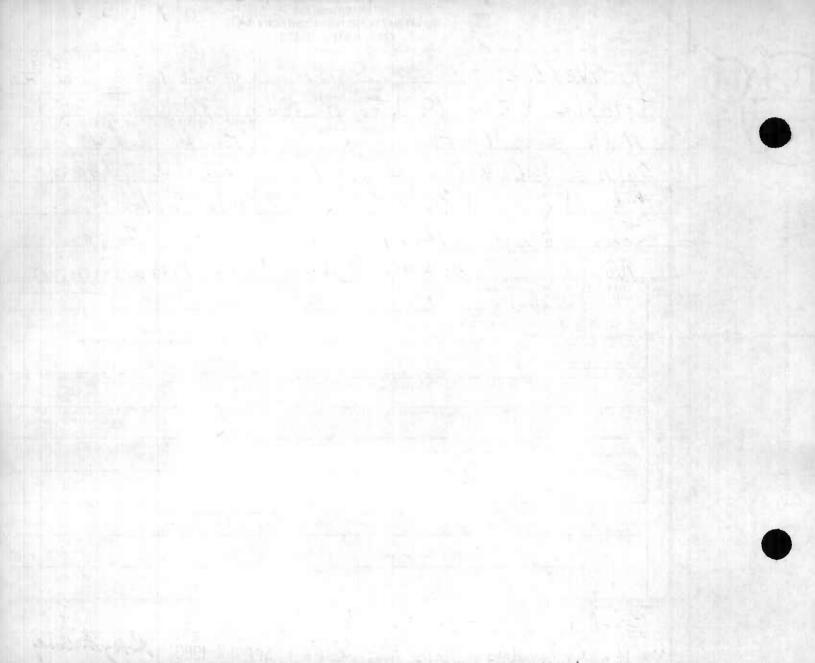
0/2 9:11 astronom someon citinans viate organicament in one or and in the second of Join aid MERCHEN TRADUSE 1 - v 0 - x - x - x - x - x Thought of the one . in en 10-11 11

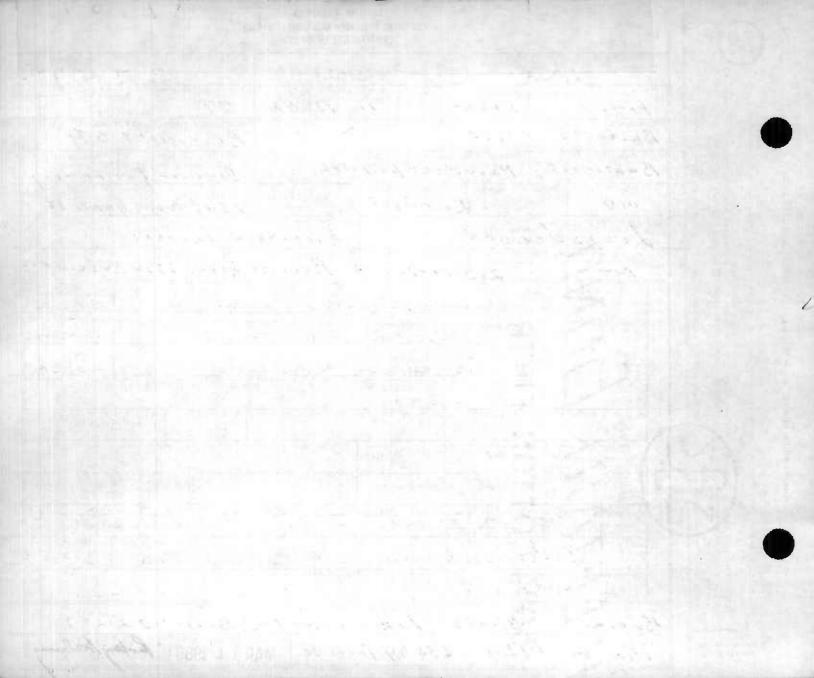
Smy 1/2 3/2/30 /BOST CHIRA Return Burney TANCOM MINING Kx Myoundled Internation 6.54 Kernon Bind Usial Copyes of since as some of substitute APRIL TERM TERM STATE AND ASSESSED ASSESSEDA A Subject of the survey of the

	1			STATE OF MARY	LAND			
		FOR STATE REGISTRAR		MENT OF HEALTH AN CERTIFICATE OI		REG. NO		1 5 8
1	(TYP	CEASED NAME FINET	LEGGINA BO	erie Ja	MITH	20. DATE OF DEATH	15	SO 25. HOUR
· K	3 St	Female	White	S. DATE OF BIRTH	18 91 EAR	6 AGE (IN YEARS LAST BIRT	YRS	
35	M	IRTHPLACE (STATE OR FOREIGN COUNTRY) RYLAND	U.S.A.		DIVORCED [Baltimore city o	re City	
20		Baltimore	11. NAME OF HOSPITAL, NURSING INF NOT IN SUCH FACILITY, GIVE STREET	2ATON ME	DICAL	12e USUAL OCCUPATE (TYPEOF WORK FOR MOST O	ON 1: FWORKING LIFE)	NO FRY Food
25	M.	aryland 136 COU	ROTHER INSTITUTION, GIVE RESIDENCE BEFOR	YES P	CITY LIMITS?	13. STREET ADDRESS	5th Str	eet
3000	14. F	ATHER'S NAME FREST John William B	MIDDLE LAST		R'S MAIDEN NA	idie Stauff		LAST
t, the me	16a	WAS DECEASED EVER IN U.S. AI YES, NO OR UNKNOWN) (IF YES, GN	RMED FORCES? 166 SOCIAL SECTION OF THE PROPERTY OF THE PROPERT			ith, Sr. 3623		Ave. 2121
removal.			inty one couse per line for (o), (b), or ED BY ITE CAUSE (o)	lus Van	alu l	Carlini		APPROXIMATE INTERVA
ve carbo ation, or er traum		Conditions, if any, which	DUE TO, OR AS A CONSEOU	ENCE OF Perte	o Car	In Vone	2	years
al, crema y, or oth		gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEOU	ENCE OF		Dese	and	0
Then ple or to buri ony injur	NO	PART 2 OTHER SIGNIFICANT	conditions contributing to	DEATH BUT NOT RELAT	ED TO THE TERM	MINAL DISEASE OR CON	DITION GIVEN II	N PART 1(a)
Hygiene pric	CERTIFICATION	190 DATE OF OPERATION	1% CONDITION FOR WHICH	OPERATION WAS PER	FORMED	200 AUTOPSY?		RE FINDINGS USED CAUSES OF DEATH?
Mental Hygi		216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH D	AY YEAR	INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART 1	OR PART 2)
h and M narked o	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.) 21f LOCA STREE	TION	CITY OR TOW	in c	OUNTY STATE
of Healt		sow the deceased alive or	n 3 19 2 19 2 19 2 19 2 19 2 19 2 19 2 19	0, and that in (m	y) (our) opinion	deoth occurred on the do	ite and haur one	that (I) (we from the causes state
ote Dept.		27b. SIGNATURE	en lo U Go	DEGREE	ATTENDING PHYSICIAN	MEDICAL STAF	F	3/15/8
with the State De		22d PHYSICIAN'S NAME (TYPE	Sov. 600	om De		med. Co	zulen	
N N	23a	BURIAL, CREMATION, REMOVAL	17 March 80 Ge	od Shephard		23d LOCATION CITY OR TOWN Ellicott (coultiv. Ho	ward Co. M
H-16 25M	24 F	uneral director urgee Funeral H				E REC'D. BY REGISTRAR		

	ECT AND Z			
58	Ess cost			o.Carroll
vic consula	x	100 000		in L
22. TO				010 m.10 _3.
530 M. 35th Ctrest		. J	9	urlvi.
นอโปยอาจ อนอก	A Con		S1.510	alilla moo
in, r. 3083 modand avs. Eld	व्य . । वृह्यक्र	3 20 SELTA	13	0.1
		-		
			-	
		- 95	40-12%	

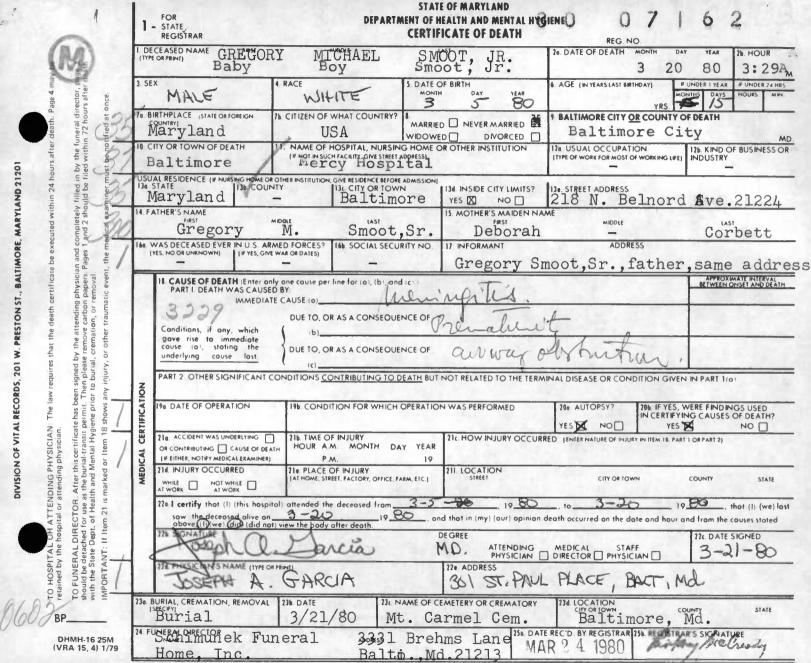
		FOR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL YGI	0 / 1 3 /
12	11.	STATE REGISTRAR	CERTIFICATE OF DEATH	
0	1. DE	CEASED NAME / FIRST. / MIDDLE	LAST	REG. NO. 20. DATE OF DEATH MONTH DAY HAB IN HOUR
	(TYPE	ORPRINT) Nottie	Smith	03-27.80 935
NAT.	3.56	1 A RACE	5. DATE OF BIRTH	A. AGE (IN YEARS LAST BRITHDAY) FUNDER 1 YEAR FUNDER 24 HES
Poge 4 directs of hours of		Temale Black	15 Jan 18 1910	70 YRS. MONTHE DAYS MOSRS MAIN
orth. Po		RTHPLACE STATE OR FOREIGN 76 CITIZEN OF WHA	TCOUNTRY? 8. MARRIED NEVER MARRIED	BALTIMORE CITY OR COUNTY OF DEATH
ter deoi	10.0	/NJ U.S.	WIDOWED DIVORCED	Dalto City MD
_ 5 = 7	17	TOWN OF DEATH 11. NAME OF HOSE	PITAL, NURSING HOME OR OTHER INSTITUTION	TYPE OF WORK FOR MOST OF WORKING LIFE IN JUSTICE
21201 hours off d in by th be filed	MSU	AS RESIDENCE OF NURSIAND HOME OF OTHER HISTITUTION, GIVE	an Haspital	refired 19/955
BALTIMORE, MARYLAND 21201 cote be executed within 24 hours or spicion and completely filled in by opers. Pages I and 2 should be filled wol.	136.	The COUNTY ISC	De To I I VES IN NO IT	13e. STREET ADDRESS
within within d 2 sho	Dt. FA	THERSHAME	15. MOTHER'S MAIDEN NAM	10 00. 40 WITE OFFICE
E, MAR		John Daniel	Henry Susan	E. Thompson
MORE, M.		VAS DECEASED EVER IN U.S. ARMED FÖRCES IN U.S. ARMED FÖR U.S. A	SOCIAL SECURITI NO. 17 INFORMANT	ADDRESS
TIMO on on s. Poge		1/0 21	3-10-8264 Dessa 100	erson 1909 W. Fairmount
		18. CAUSE OF DEATH (Enter only one couse per line PART I. DEATH WAS CAUSED BY:	for (a), (b), and (c)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
VST., BAL		IMMEDIATE CAUSE (0)	statuc men al	acus 3 clays
Q 4 5000			A CONSEQUENCE OF	
the deot the atter remove er troum		Conditions, if ony, which gove rise to immediate couse (o), stating the DIFTO ORAS		
I W. Pi hot the by the ose rem I, cremi		underlying couse lost.	A CONSEQUENCE OF	
gned b n pleos buriol,		PART 2. OTHER SIGNIFICANT CONDITIONS CONTE	RIBUTING TO DEATH BUT NOT RELATED TO THE TERMIN	NAL DISEASE OR CONDITION GIVEN IN PART 1(0)
ORDS, : require en sign or to bu	CERTIFICATION			
AL RECOS he low re on. hos beer hos permit.	ICA	190 DATE OF OPERATION 196 CONDITION	FOR WHICH OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
ON OF VITAL RE DIN OF VITAL RE ling physicion. s certificote hos i'viol-tronsip perru vuriol-tronsip perru	ERTI	2) a. ACCIDENT WAS UNDERLYING 716, TIME OF IN	11/PV 21/2 HOW IN HIPV OCCUPES	YES YES NO YES NO
N OF VITA N OF VITA SICIAN: The ang physicic certificate oriol-tronsit central Hygin them 18 sho		OR CONTRIBUTING CAUSE OF DEATH HOUR A.M.		D (ENTER NATURE OF INJURY IN HEM 18, PART I OR PART 2)
ON HYSI ding his ce buring when her	DICA	(IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 21d. INJURY OCCURRED 21e. PLACE OF IN	19 III LOCATION	
IVISION OF VI	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 21d. INJURY OCCURRED 21e. PLACE OF IN	19	CITY OR TOWN COUNTY STATE
DIVISIC DING PH or attenthise os the k oith and / morked o	MEDICA	(IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 21d. INJURY OCCURRED 21e. PLACE OF IN	JURY 211 LOCATION STREET	
Do de E	MEDICA	THE EITHER, NOTIFY MEDICAL EXAMINER P.M.	19 21f LOCATION STREET 22eosed from 19 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	CITY OR TOWN COUNTY STATE
OR ATTEND DIRECTOR: A Dobt of Heal	MEDICA	FEITHER, NOTIFY MEDICAL EXAMINER P.M.	JURY ACTORY, OFFICE, FARM, ETC.) 21f LOCATION STREET 22eosed from 19 ond that in (my) (our) opinion do	CITY OR TOWN COUNTY STATE
L OR ATTENDINE hospital or to the hospital or to the for use to the for use to be	MEDICA	THE EITHER, NOTIFY MEDICAL EXAMINER P.M.	19 21f LOCATION STREET Leosed from 2 9 19 80 Leosed from 3 19 80 Leosed from 4 19 80 Leosed from 5 19 80 Leosed from 6 19 80 Leosed from 6 19 80 Leosed from 7 19 80 Leosed from 8 19 80 Leosed from 9 19 80	CITY OR TOWN COUNTY STATE
IITAL OR ATTENDI by the hospital or or ERAL DIRECTOR: 6 edatoched for use. State Dept. of Heal	MEDICA	P.M.	19 21f LOCATION STREET 22f LOCATION STREET 22f LOCATION STREET 22eosed from 19 ond that in (my) (our) opinion december 19 ond that in (my) (our) opinio	city or town county state , to 3 27, 19 7, that (I) (we) lost eath occurred on the date and hour and from the causes stated MEDICAL STAFF
OR ATTEND DIRECTOR: A Dobt of Heal		THE EITHER, NOTIFY MEDICAL EXAMINER P.M.	JURY ACTORY, OFFICE, FARM, ETC.) 211 LOCATION STREET 222 LOCATION STREET 223 LOCATION STREET 224 LOCATION STREET 225 LOCATION STREET 226 LOCATION STREET 227 LOCATION STREET 228 LOCATION STREET 238 LOCATION STREET 238 LOCATION STREET 238 LOCATION STREET 248 LOCATION STREET STREET 248 LOCATION STREET STREET STREET STREET STREET STREET STREET STREET STRE	CITY OR TOWN COUNTY STATE COUNTY STATE COUNTY STATE 1, to
IITAL OR ATTENDI by the hospital or or ERAL DIRECTOR: 6 edatoched for use. State Dept. of Heal		P.M.	19 21f LOCATION STREET 22f LOCATION STREET 22f LOCATION STREET 22eosed from 19 ond that in (my) (our) opinion december 19 ond that in (my) (our) opinio	city or town county state , to 3 27, 19 7, that (I) (we) lost eath occurred on the date and hour and from the causes stated MEDICAL STAFF
TO HOSPITAL OR ATTENDI retoined by the hospital on TO FUNERAL DIRECTOR: should be detached for use with the State Dept. of Heal IMPORTANT: If them 21 is m	23a. E	THE EITHER, NOTIFY MEDICAL EXAMINER P.M.	TOTAL PART OF CEMETERY OF CREMATORY 19 21f LOCATION STREET 21f LOCATION STREET 21f LOCATION STREET 21f LOCATION STREET 21g ATTENDING PHYSICIAN 22g ADDRESS 22g ADDRESS 23g NAME OF CEMETERY OF CREMATORY 23g NAME OF CEMETERY OF CREMATORY 23g NAME OF CEMETERY OF CREMATORY	CITY OR TOWN COUNTY STATE The county of t





					STAT	E OF MARYLAND		
1	2	1.	FOR STATE REGISTRAR	,		EALTH AND MENTAL HY	COLEMES ()	7 1 6 1
1	0	I DE	CEASED NAME FIRST	MIDDLE		AST, //	REG. NO.	DAY YEAR 21 HOUR
(WA)	-	TITTE	OR PRINTY I la V	n H	5 mi	the	3/27/	80 750
4	13/101 0	3 SE	nale)	A RACE	S PATE C	of BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	# UNDER I YEAR IF UNDER 24 HRS
	None	Je. BI	RTHPLACE ISTATE OR FOREIGN	Th CITIZEN OF WHAT	COUNTRY?	D D NEVER MARRIED	9 BALTIMORE CITY OR COU	
	\$ 35.5	1	MARYLAND	U.S.F	WIDOWE	D DNORCED	DAGTIMORA	· · · · ·
201 Day the	190	2	PLTIMOR D	PENNSYUM	ITY, GIVE STREET ADDRESS)	NURS HOM	12e USUAL OCCUPATION TYPE OF YORK FOR MOST OF WORKIN	12b. KIND OF BUSINESS OR INDUSTRY
ND 215	3	USU 13e	AL RESIDENCE IN NURSING HOME OR	TY A 1300	SIDENCE REFORE ADMISSION) ITY OR TOWN LICKS DRING	134 INSIDE CITY LIMITS?	138 STREET ADDRESS	TY BLUD W
d wit		14. F/	THER'S NAME	MIDDLE	LAST	15. MOTHER'S MAIDEN N		LAST
M ute	D B	_	LOHU STUHL	word		MARY	SMITH	
IMORE,	the the		VAS DECEASED EVER IN U.S. ARI YES, NO OR UNKNOWN] (IF YES, GIVE	MED FORCES? 166 S WAR OR DATES)	00 Security NO	Mas ELE PANTA	MITH 1135 UNIY	FRSITY BLUDGE
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BAI IDING PHYSICIAN: The law requires that the death certifica sttending physician. After this certificate has been signed by the attending physic	h please remove carbon burial, cremation, or re njury, or other traumar		Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A	CONSEQUENCE OF	Remal 7	MINAL DISEASE OR CONDITION	BETWEEN ONSET AND DEATH GIVEN IN PART 1(0)
CORD e law re	prior to	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION	fery de	NWAS PERFORMED	20a AUTOPSY? 20b. IF	YES, WERE FINDINGS USED
AL RE	ygiene pr 18 shaws	TIFIC					YES NO	RTIFYING CAUSES OF DEATH? YES NO
I OF VIT HYSICIA physician scertific	or Item 18		218. ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DEAL OF BETHER, NOTIFY MEDICAL EXAMINER)	THE TIME OF INJU		21c HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY IN ITEM	18, PART 1 OR PART 2
DING PH trending	th and Mi	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21R PLACE OF IN. (AT HOME, STREET, FA	FURY CTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
or a Ro	use a Heal		22a I certify that (1) (this hospit	-		4 , 19.78	, ta 3 - 27	, 19.80, that (I) (we) last
OR AT POSPITAL	Dept. of		saw the deceased alive an above, (1) (we) (did) (did not 22b. SIGNATUN	view the body after	death.	DEGREE	death occurred an the date and	22c DATE SIGNED
TAL'Ny the h	detache itate De		1/08	OHE		MD ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	
TO HOSP etained b	with the State D		Reginald	O.Ck	osley	1235 E	Monument	St Balto
BP	v S ≡	73a. 5	DURIAL CREMATION, REMOVAL	3- 31- 8	O PANE OF C	DAL CEM	234 LOCATION CITY OR TOWN LAN OSTOCIONE	RITA CO MASTATE
	-16 25M	24. FU	INERAL DIRECTOR	7770	ADDRESS /		TE REC'D. BY REGISTRAR 256. REG	
(VRA 1	5, 4) 1/79	V	USAMA LIKE	\$ 2744 G	V. NORTH	MARIN	IAR 2 8 1980	

SISME THERE STREET STREET STREET STREET STREET STREET STREET ALL STERRY DE LANGE DE LA CONTRACTOR DE A STATE OF THE STA Therene was tendere Drivery Arky Lucion. Regular E. Chesley 1251 E. Monument St. 5266

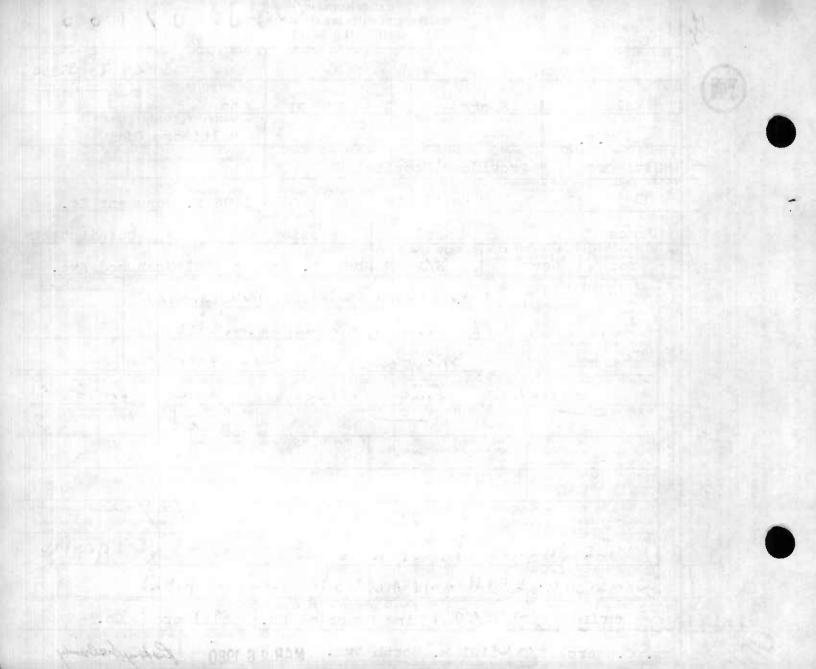


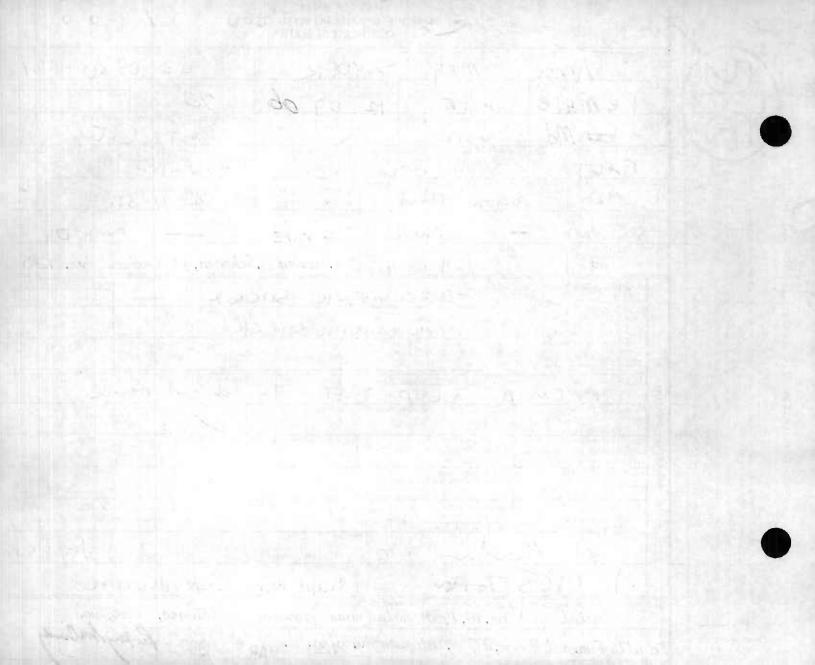
016 12 08 6	10161176		
			F F. 48
with brondies			
			ATO LETTERS
M. ii. oslijoreja o.2			
Alberta, ranji di, imbije o			
		6.5	
	25 2 14		

08,81 5 8			
		10, 1919 60	
	A STATE OF THE STA		Amberral C
			12 1120
Jagato d	rs rus	rostilat	fusions)
Nothers.			rigarou
COME DIALIZATION	Coho F. Mage 2512 Hill		
	en elle elle elle elle elle elle	Page 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	en elle all expendence u	Total or The	

1			UP MAKILANU	The state of the s	
	FOR - STATE REGISTRAR		EALTH AND MENTAL HYGI ICATE OF DEATH	REG. NO	07164
	ECEASED NAME FIRST	MIDDLE U	(EAI)		MONTH DAY YEAR 25 HOURS
after dea	Frank 1 R	BLACK S DATE O	F BIRTH - 193 - 194	AGE IN YEARS LAST BIRT	HDAY) # UNDER LYEAR # UNDER 2 HA
72 hours	BIRTHPLACE (STATE OR FOREIGN 76 (CITIZEN OF WHAT COUNTRY?	DINEVER MARRIED DINORCED	BALTIMORE CITY O	R COUNTY OF DEATH
y the fur	OBJOWN OF DEATH 11.	NAME OF HOSPITAL, NURSING HOME O		120 USUAL OCCUPATH	
	UAL RESIDENCE HE NURSING HOME OR OTH STATE	er institution, give residence before admission) 134. CITY OR TOWN Ref. The rece	134. INSIDE CITY LIMITS?	130. STREET ADDRESS	vestwood Av
nd 2 sho	FATHER'S NAME		15. MOTHER'S MAIDEN NAM	el Hammond	LAST
ending physician and cor- carbon papers. Pages 1 and and cremoval.	WAS DECEASED EVER IN U.S. ARMED (YES, NO OR UNKNOWN) (# YES, GIVE WAI	D FORCES? 146 SOCIAL SECURITY NO	17 INFORMANT Othe Murphy	2012 Westw	
een signed by the at Then please remove or to burial, cremati any injury, or other TION		DUE TO, OR AS A CONSEQUENCE OF (c) NDITIONS CONTRIBUTING TO DEATH BUT			
ificate has been sinsit permit. Then Hygiene prior to m 18 shows any in CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION		200 AUTOPSY? YES NO	20h. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO
this certification or Item 1	OR CONTRIBUTING CAUSE OF DE ATM	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c HOW INJURY OCCURR	ED JENTER NATURE OF INJUR	LY IN ITEM 18, PART 1 OR PART 2)
	21d. INJURY OCCURRED	210 PLACE OF INJURY	211 LOCATION		
After this cer the burial-tr th and Menta marked or Ite	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	STREET	CITY OR TOW	N COUNTY STATE
R: After as the be ealth and is marke		attended the deceased from	10 = 3 - , 19 79 Ind that in (my) (aur) apinian d		1980, that (I) (we) the and have and from the causes stated
	220.1 certify that (I) (this hospital) saw the deceosed alive an above, (I) (we) (did) (did not) vi 226. SIGNATURE	attended the deceased from, or, or	ID = 3 - , 19 7 9 Id that in (my) (aur) apinian d DEGREE MD ATTENDING PHYSICIAN	eoth accurred on the do	that (I) (we) that (I) (we) ate and have and from the causes stated 22c. DATE SIGNED 2, 14, 80
UNERAL DIRECTO d be detached for use the State Dept. of He RTANT: If Item 21	220.1 certify that (I) (this haspital) saw the deceased alive an above. (I) (we) (did) (did not).vi 22b. SIGNATURE 22d. PHYSICIAN'S NAME ITYPE OF PRI	attended the deceased from, or, or	DEGREE M ATTENDING	medical stall director physic	that (I) (we) that (I) (we) ate and have and from the causes stated 22c. DATE SIGNED 2, 14, 80
O FUNERAL DIRECTO	220.1 certify that (I) (this hospital) saw the deceosed alive an above. (I) (we) (did) (did not) vi 22b. SIGNATURE 22d. PHYSICIAN'S NAME ITTER ORPRI DARSHAW 5.	attended the deceased from	Degree MD ATTENDING PHYSICIAN PARTIES 120. ADDRESS 1600 MT R EMETERY OF CREMATORY UDURN 19 PHYSICIAN PARTIES EMETERY OF CREMATORY UDURN Cem.	eoth accurred on the do	13. 1980, that (1) (we) ate and have and from the causes stated and have and from the causes stated 3. 14.80 GALTIMORE MD 2. COUNTY STATE

FOR VOLUME ven homes 2002 ram our THOUSE IN LINE WAS A STREET OF THE PARTY OF



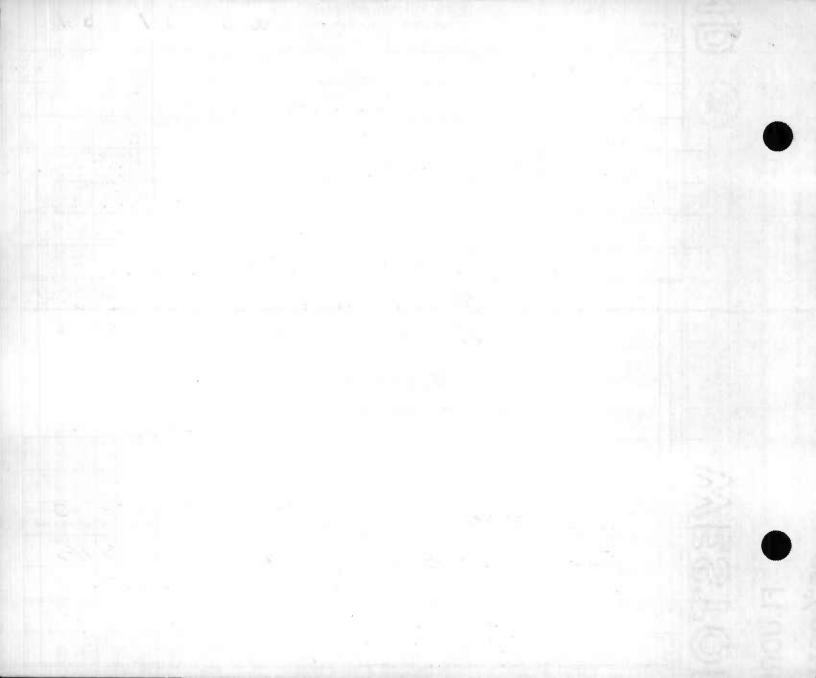


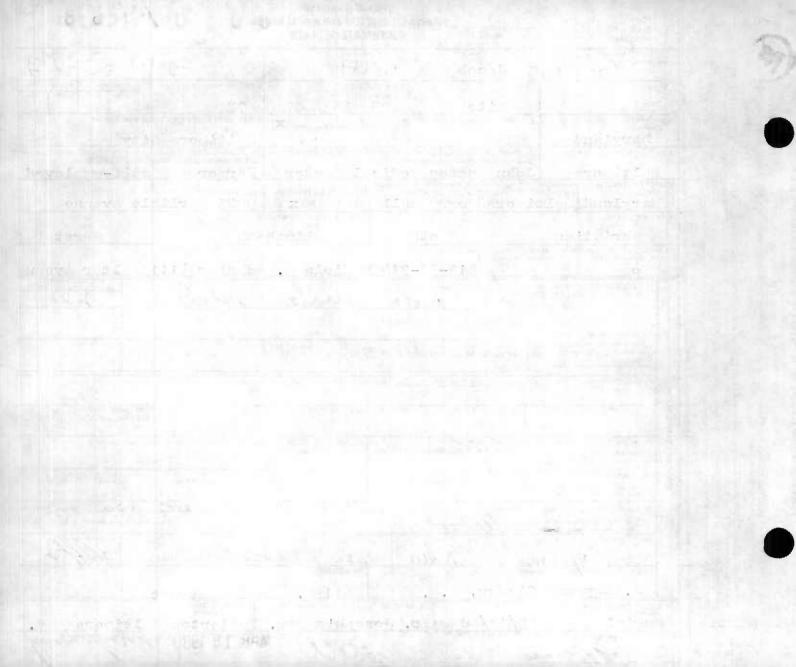
BALTO

MD 21215

6010 REISTERSTOWN RD.

STATE OF MARYLAND



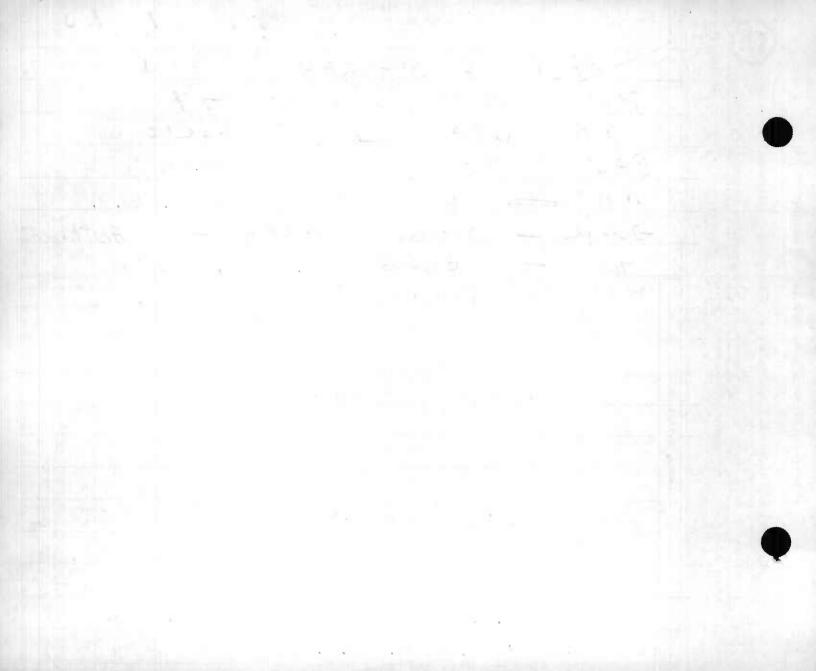


6		-1		FOR			DEDARTA		OF MARYLAND EALTH AND MENT	AL Hillermin	0 0	7 1	6 9	
			1 -	STATE REGISTRAR			DEFARIT		CATE OF DEAT		REG. N			
(M)	oth 3			EASED NAME	FIRST 6 L	avid .	J. Sparro	50	P. P. N. L.	20.		MONTH D	5 00	P. IS P.
	pog ,	1	3. SE>	L'R	4.1	RACE			F BIRTH		GE (IN YEARS LAST BIR	HDAY)	IF UNDER 1 YEAR	F UNDER 24 HRS
9	rector, p			male		BIA	ck	MONTH 9		EAR 7//	68	YRS.		HOURS MIN
4	rol di 72 hoi	2/		RTHPLACE (STATE OR FOR	REIGN 7b	CITIZEN OF	WHAT COUNTRY?		NEVER MARRI	ED 🐱 .	ALTIMORE CITY C	R COUNTY	OF DEATH	
3	fune vithin	32	10. CI	Y OR TOWN OF DEAT	н је				R OTHER INSTITUTION	ON 12a	USUAL OCCUPAT		126. KIND OF I	MD. BUSINESS OR
10.	T D THE	46	0	N	1	(IF NOT IN SUC	HEACHITY GIVE STREET	ADDRESS)			retired	F WORKING LIFE	INDUSTRY	
ND 2120	filled in ould be must be	35	MAI	L RESIDENCE (IF HURSIN	EL CIMO	re institution	Cattons V	tle	13d. INSIDE CITY LIA	MITS? 13e.	STREET ADDRESS	ers 1 A	2.	
MARYL	campletely 1 and 2 sh	30	14 FA	THER'S NAME	MIDE	DLE	LAST		15. MOTHER'S MAII	Sarah]	Eliza eth	Smith	l LAST	
IMORE, M.	n and ca			AS DECEASED EVER IN	U.S. ARMEI	D FORCES?	215225		Thelma G	wynn 18	322 W. La		St 212	17
VST., BALT	9 5 6 9			18 CAUSE OF DEATH PART I. DEATH WA	(Enter only o	Υ:		era	Henry	age.			BETWEEN ON	SET AND DEATH
S NO				431-			r as a conseque	NCE OF	7/4/4	0				
. PRESTOR	by the attending use remove carb?, crematian, arrounding other troumatic			Conditions, if any, gave rise to imme	ediate	(b)				-				
. X	d by the			underlying couse	lost	DUE TO, O	R AS A CONSEQUE	NCE OF						
)S, 20	gne gne bur		z	PART 2. OTHER SIGNI	FICANT CON	NDITIONS CO	ONTRIBUTING TO (DE ATH BUT	NOT RELATED TO TI	HE TERMINAL	DISEASE OR CON	DITION GIVE	EN IN PART 1(a)	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	bee mit prior	2	CERTIFICATION	190 DATE OF OPERATE	ON	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	2	00 AUTOPSY?	IN CERTIF	, WERE FINDING YING CAUSES O	F DEATH?
VITAL	ng physician. certificate has urial-transit pe tental Hygiene frem 18 shows	0	CERT	210 ACCIDENT WAS UNDE		21b. TIME O		WEAR.	21c. HOW INJURY	OCCURRED	(ENTER NATURE OF INJU			NO 🗆
SION OF VII	ng physicie certificate irial-transit ental Hygie Item 18 sho	71	MEDICAL	OR CONTRIBUTING CA	EXAMINER)	Ρ.		19						
JOISINIO CA	this he by nd M		MED	21d. INJURY OCCURRE WHILE D NOT WHILE AT WORK AT WORK		21e. PLACE (AT HOME, STI	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC.)	21f LOCATION STREET		CITY OR TO	VN	COUNTY	STATE
DIVIO				22a I certify that that		ottended th	e deceosed from_	80 or		BU prining denti	to 3-25			ot (we) last
	he haspital DIRECTOR Tached for u Dept. of He			obove, M (we) (di	d) (did norr vi	iew the body	ofter death		DEGREE		Total all the d	ore origination	22c. DATE SI	
	y the YAL DI detack are De			5	1350	3 H	whe		ATTEN PHYSI		EDICAL STA		3-2	2-80.
ATIOSOH	retained by the hasp TO FUNERAL DIRECT should be detached f with the State Dept. o			22d. PHYSICIAN'S NA/	ME (TYPE OR PRI		Awsla		22e ADDRESS Jut	hera	- Ho?	Tung	al.	
4008	BP		23a B	URIAL, CREMATION, R PECIFY) Burial	EMOVAL	ARCH	29180 236.1	NAME OF C	emetery or cremi wrldge	ATORY 2	3d. LOCATION CITY OR TOWN	HOWARI), Maryl	andate
	H - 16 50M 1/76 VR A 15 (4))		24 FU	NERAL DIRECTOR	ke 411	L2 Col	umbia Rd	Ellie	ott City	MAR S	2 8 1980	25b. REGIS	RAR'S SIGNATUR	harry

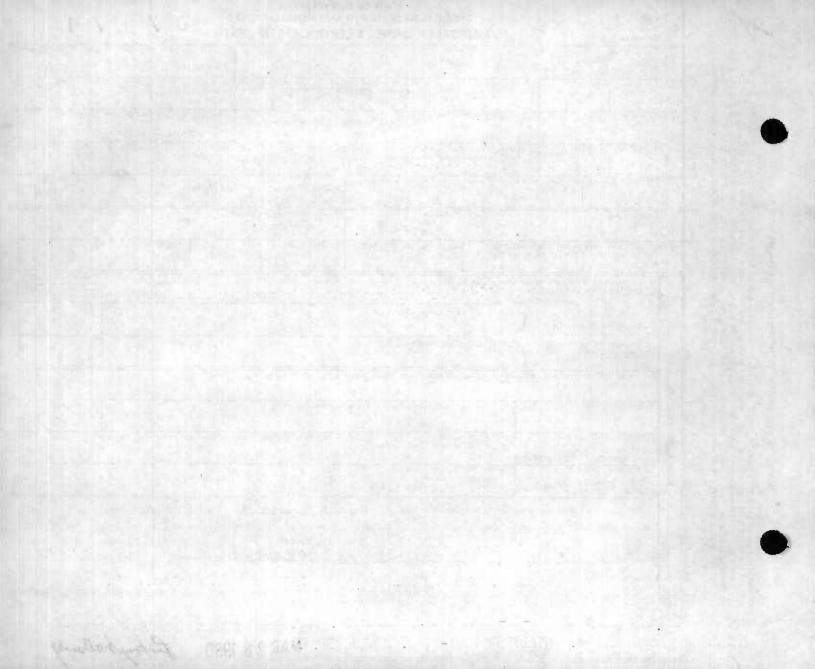
J. C. C.

J. YLED 'Lelelmore Casmirelle lave care lisa sun ini 11 Tells 3 in 1822 . La clo S. (1217

Termon H itable (112 Climina - Climi



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE REGISTRAR DECEASED NAME FIRST 2b. HOUR 20. DATE KNOWN X MONTH YEAR (TYPE OR PRINT) OF ESTI-JR. DEATH MATED E. Henry Speed 2619 80 2d HOUR 6. AGE (IN YEARS | IF UNDER 1 YR. F UNDER 24 HRS SEX DATE OF BIRTH 2c. DATE YEAR LAST BIRTHOAY) 10:42 PRONOUNCED 18 15 DEAD 6 61 Male Black 2619 80 a M 76. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE (STATE OR MARRIED XXIEVER MARRIED US NORTH CAROLINA DIVORCED Baltimore City. O CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 20. USUAL OCCUPATION (TYPE OF WORK OR INDUSTRY TRUCK DRIVER 1642 Holbrook Street Baltimore 13d: INSIDE CITY LIMITS? 130 STREET ADDRESS 1642 HOLBROOK STREET BALT IMURE MARYLAND YEXX 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME VANN HENRY HATTIE SR. 17 INFORMANT **ADDRESS** 16b. SOCIAL SECURITY NO. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) HELEN LIPSCOMB DURHAM, NORTH CAROLINA CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Arteriosclerotic cardiovascular disease IMMEDIATE CAUSE (o). DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 190. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? E DEPARTMENT OF PRIOR TO BURIAL, YES NO X 21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH 21f. LOCATION 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, STATE COUNTY STREET, FACTORY, FARM, ETC.) CITY OR TOWN WHILE NOT WHILE AT WORK 22a. I certify that I took charge of the remains described above, held on Autopsy ond in my opinion OR Natural couses X Undetermined manner Accident deoth resulted fram: TITLE (SPECIFY) ACTUAL Assistant MEDICAL EXAMINER 3/26/80 EXECUTE THE C PAGE 4 SHOU TO FUNERAL D AFTER DEATH, BALTIMORE, MA SIGNATURE EXAMINER'S NAME Ann M. Dixon, M.D. 111 Penn St. Balto., MD. TYPE OR PRINT) 23d. LOCATION 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION REMOVAL 236 DATE MT. MORIAH CH. CEM DATE REC'D. BY HENDERSON REMOVAL 3-28-80 FUNERAL DIRECTOR L. PHILLIPS ADDRESS. MAR 28 **DHMH - 17** VR A15 ME (5)) 15M 7/76



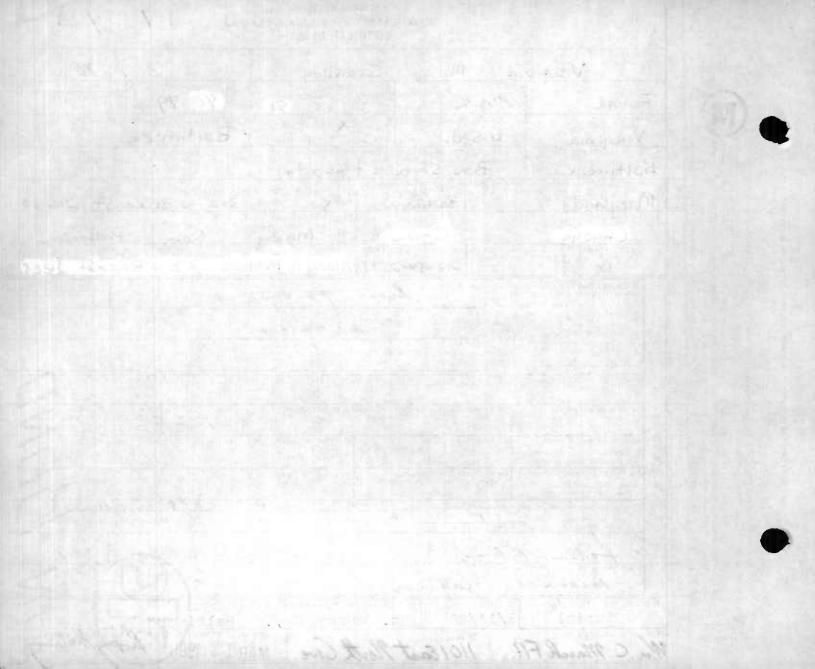
	3.1		STATE OF MARYLAND	
10		1 -	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENS O CERTIFICATE OF DEATH	172
		I DEC	REG. NO. TEASED NAME TASU MIDDLE LAST SPILATIMANN 20 DATE OF DEATH MONTH DAY	YEAR 25 HOUR
Ma sta			August Phillip Spealmann 0328	000
. Page 4 mayabe director, page 3 ours after death		3. SE)	MONTH DAY YEAR	UNDER I YEAR IF UNDER 24 HRS NTHS DAYS HOURS MIN
Page rect			MALE white January 2, 1922 58 / YRS.	
er death. funeral d iin 72 hoi	35		RTHPLACE (STATE OF FOREIGN TO CITIZEN OF WHAT COUNTRY? MARRIED A NEVER MARRIED BALTIMORE CITY OR COUNTY OF WIDOWED DIVORCED BALTIMORE CITY OR COUNTY OR COUNTY OF WIDOWED DIVORCED BALTIMORE CITY OR COUNTY OR COUN	
s after of the fun within	20		TY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12. USUAL OCCUPATION 17. NOT IN SUCH FACILITY, GIVE STREET ADDRESS. 17. NOT IN SUCH FACILITY, GIVE STREET ADDRESS.	12b. KIND OF BUSINESS OR INDUSTRY
hours in by ifiled v	20	9	PATIMOTE WALLVERSITY OF MARY DAID Carpenter 1)	Construction
within 24 h within 24 h should be f	35	13e S	LESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) TATE 136. CITY OR TOWN 136. INSIDE CITY LIMITS? 136. STRFEJ ACTORESS WESTER OF TOWN 137. NO TOWN 138. STRFEJ ACTORESS NO TOWN 138. STRFEJ ACTORESS NO TOWN 139. STRFEJ ACTORESS	nd Rx. /21221
		14 FA	THER'S NAME FIRST MODULE LAST MOTHER'S MAIDEN NAME FIRST MODULE MICROLE MICR	P 1455
a 6 b /) g	30		HARRY SPEALUANN Emmarin So- Rot	hamel
n and Pages	2	léa W	YAS DÉCEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS WILL SECURITY NO. 17 INFORMANT BETTY J. Spealmann Same Same	
BAL frica ysic pers oval	Ī		18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART L DEATH WAS CAUSED BY	BETWEEN ONSET AND DEATH
death certi death certi ending ph carbon pa nn, or rem traumatic			IMMEDIATE CAUSE (a) PERMINSIAS COLORS CONCER	
			DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which	
the the emo			gave rise to immediate cause (a), stating the DUETO, OR AS A CONSEQUENCE OF	
> 2 0 0			underlying cause last (ic)	
DS, 201 requires requires requires requires requires		z	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN	IN PART I(a)
law law been t. Thribrrior s any	$\overline{}$	5	THE DATE OF CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 200 IF YES, V	WERE FINDINGS USED
A: The A: The te has I permit iene pri is shows	2	CERTIFICATION	3/21/80 INTESTINAL ODSTRUCTION YES NOT INCERTIFY	NG CAUSES OF DEATH?
OF VITAL //SICIAN: hysician. certificate i-transit per ntal Hygien Item 18 sh	~	CER	210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY OR CONTRIBUTING 2 CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR	I OR PART 2)
DN OF VI	4	CAL	OR CONTRIBUTING C CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19	
G Ph G Ph G Ph G Ph G Ph G Ph G Ph G Ph	4	MEDICAL	21d INJURY OCCURRED 21a PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 21d INJURY OCCURRED 21a PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	COUNTY STATE
S S S S			22e. I certify that (1) (this haseital-nationaled the deceased from 15 1980 to 38 1989) 19	that (I) (we) last
F O D HI H			saw the deceased alive or the body after death. 19	
DIR hesp			THE SIGNATURE DEGREE	221. DATE SIGNED
L See Z			ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN	3/18/80
N S S S S S S S S S S S S S S S S S S S	1		THE PHYSICIAN'S NAME (TYPE OF PRINT)	20/2 2/2
TO HO retaine TO FU Should with the IMPOR		22 4	A P. WALKER UNIVERSITY OF MA	MY MUDICIPA
BP		230 B	URIAL CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY Dulaney Valley Cem. Baltimore County	Maryland State
000		24 FL	NEAT DIRECTOR ADDRESS 1250 DATE REC'D. BY REGISTRAR 250. REGISTRAR MACHERET DIRECTOR BY REGISTRAR 250. REGIST	
DHMH-16 25M (VRA 15, 4) 1/	VI 1	-	zdzinski Funeral Home PN 1407 Old Eastern Ave APR 2 1980 hote	y Scalwardy

Service on the service service. . In consiste Jones 2, 1 2 56 lt' r t Crenter C A LA COMMENSER CITES X Tox 576-1 are thought in the Figure 1. lost. At refer to the term of the lost of Ten Times I Calante Cauces KIEL HELLE Spring of Care Chil The first with the first with the first the fi SAME TO BE BEAUTY OF STREET wing a selection of the Carlo Service Company of the Company

RECISIONALE FIRST IDECTASED NAME FIRST IDECTASED NO IDECTASED NAME FIRST IDECTASE NAME FIRST IDECTASED NAME FIRST IDECTASE NAME FIRST IDECTASE NAME FIRST IDECTASE NAME FIRST IDECTASE NAME FI		FOR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HY	BENE 0 0 7 0 15	7 3
THE CONTROL OF THE SPENCER SAME (ITERANDAL DEPORT IN A COUNTY OF DEATH MODIL OF THE SEGMENT OF T			CERTIFICATE OF DEATH	REG. NO.	
3 SEX FEMALE RACE S.DATE OB BRTH A AGE (INTERNALATI BRINGAY) AND AND		EASE THOME	LAST	20 DATE OF DEATH MONTH DAY	YEAR 25 HOUR
Parting County of Dath The control of the second of the county of Dath The control of the county of th	(TYPE OR)	LOTTIE	SPENCER	Mak, 398	80 450
SETTIFFLACE STATE ON FORCES THE CHILDREN OF WHAT COUNTY? MARRIED NEVER MARRIED NEVER MARRIED STATE STATE OF FORCES THE CHILDREN OF WHAT COUNTY OF DEATH WOOWED DIVORCED THE WOOWED THE CHILDREN OF WHAT COUNTY OF DEATH WOOWED WO	3 SEX	4 RACE			
DEVINEY DEVINEY SA MARRED NEVER MARRED N		Female Black			DAYS HOURS M
18 CHY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12 USUAL OCCUPATION 13. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12 USUAL OCCUPATION 13. NOTINE RESIDENCE (# NURSING HOME OR OTHER INSTITUTION 12 USUAL OCCUPATION 13. NOTINE RESIDENCE (# NURSING HOME OR OTHER INSTITUTION 13. STREET ADDRESS.	Ja BIRTH	STHPLACE ISTATE OF FOREIGN THE CITIZEN OF WHAT C	OUNTRY?	BALTIMORE CITY OF COUNTY OF DE	HTA
Selfo September Selfo			'A'	Balto (1ity	
USUAL RESIDENCE (IR MIRSHOR DOME OTHER HISTOTION ON REDITIVE MODE AND	10 CITY			126 USUAL OCCUPATION (125.	KIND OF BUSINESS
13 STATE 13 COUNTY 13 COUNTY 13 COUNTY 13 STREET ADDRESS 14 STATE 15 MOTHERS MADEN NAME 15 MOTHERS MADEN NAME 15 MOTHERS MADEN NAME 15 MOTHERS MADEN NAME 16 MOTHERS NAME 17 MOTHERS NAME 17 MOTHERS NAME 17 MOTHERS NAME 18 MOT	8 B	Balto Vini or		Demestie	
14 FATHER'S NAME 15 MOTHER'S MADEN NAME 15 MOTHER'S MADEN NAME 1631 15 MOTHER'S MADEN NAME 1631 15 MOTHER'S MADEN NAME 1631 16 MODE 16 MODE 1631 16 MODE 16 MO	USUAL F	LERESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE)	PENCE BEFORE ADMISSION) Y OR TOWN 1134 INSIDE CITY LIMITS?	13. STREET ADDRESS 1040 Cas	molection
He WAS DECEASED EVER IN U.S. ARRED FORCES? THE SOCIAL SECURITY NO 17 INFORMANT ADDRESS R. REG. FORM 12 INFORMANT 18 WAS DECEASED EVER IN U.S. ARRED FORCES? 18 SOCIAL SECURITY NO 17 INFORMANT ADDRESS R. REG. FORM RIWING NO BUTCH. 18 INFORMANT 19 WAS CAUSED BY 12 - 12 30 85 R. REG. FORM RIWING NO BUTCH.	C I'M		I had a see the see that the se		Balto. n
16 WAS DECEASED EVER IN U.S. ARMED FORCES? 168 SOCIAL SECURITY NO. 17 INFORMANT 18 VES, ONE WAS OR DATES) 123-22-3685 E.R. REG. FORM	14 FATH				IAST 21
18 WAS DECEASE EVER IN U.S. ARMED FORCES? 186 SOCIAL SECURITY NO 17 INFORMANT ADDRESS 12-22-3085 E.R. REG. FORM	D		LASI	MINDLE	1231
18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)		VAS DECEASED EVER IN U.S. ARMED FORCES? 166 SO			
SCAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (b) CESSATION OF PUISE + YESD, UNIX- IMMEDIATE CAUSE (b) CESSATION OF PUISE + YESD, UNIX- IMMEDIATE CAUSE (b) CESSATION OF PUISE + YESD, UNIX- IMMEDIATE CAUSE (b) CESSATION OF PUISE + YESD, UNIX- Conditions, if ony, which gove rise to immediate couse (b) Storing the underlying couse lost (b) DUE TO, OR AS A CONSEQUENCE OF PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 PART 2 OTHER SIGNIFICANT CONDITION GOVERNOR OR THE TERMINAL DISEASE OR CONDITION GOVERNOR OR THE TERMINAL DISEASE OR CONDITION GOVERNOR OR THE TERMINAL DISE	(YES,		-223085 ER.KEG. F	orm	
PART I. DEATH WAS CAUSED BY 1389 Conditions, if ony, which gove rise to immediate cause (o). Conditions, if ony, which gove rise to immediate cause (o). PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 160 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 160 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 160 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 160 CONTRIBUTING CAUSES OF DEATH (RETHER NOTIVE MERCH EXAMPLE) 218. ACCIDENT WAS UNDERLYING AMMONTH DAY YEAR (RETHER NOTIVE MERCH EXAMPLE) 219. ACCIDENT WAS UNDERLYING AMMONTH DAY YEAR (RETHER NOTIVE MERCH EXAMPLE) 210. ACCIDENT WAS UNDERLYING AMMONTH DAY YEAR (RETHER NOTIVE MERCH EXAMPLE) 211. ACCIDENT WAS UNDERLYING AMMONTH DAY YEAR (RETHER NOTIVE MERCH EXAMPLE) 212. ACCIDENT WAS UNDERLYING AMMONTH DAY YEAR (RETHER NOTIVE MERCH EXAMPLE) 213. ACCIDENT WAS UNDERLYING AMMONTH DAY YEAR (RETHER NOTIVE MERCH EXAMPLE) 214. INJURY OCCURRED (RIVER NATURE OF INJURY INTEM 18, PART 1 OR PART 2) 215. THE PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 216. INJURY OCCURRED (RIVER NATURE OF INJURY INTEM 18, PART 1 OR PART 2) 226. I Certify that (I) (this hospital) attended the deceased from Tomber of the Merch County of the Merch	lu lu	18 CAUSE OF DEATH (Enter only one couse per line for	a1, (b1, and (c1.)		APPROXIMATE INTERVA
DUE TO, OR AS A CONSEQUENCE OF SOSS + DECICATED OF SOSS + DECICATE		PART I. DEATH WAS CAUSED BY	ssation of pulse	+ resp. U	nknou
Conditions, if ony, which gove rise to immediate couse (a), stoting the underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/o CYNTONIC SUMMAN PART 1/o PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/o CYNTONIC SUMMAN INDERIVING 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206 AUTOPSY? 206. IF YES, WERE FINDININ CERTIFYING CAUSES OF DEATH (# ETIMEN. NOTIFY MEDICAL EXAMINER) 196 CONDITION FOR WHICH OPERATION WAS PERFORMED YES NO 16 CONTRIBUTING CAUSES OF DEATH (# ETIMEN. NOTIFY MEDICAL EXAMINER) 216 HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) P. M. 19 216. INJURY OCCURRED 21 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 211 LOCATION STREET CITY OR TOWN COUNTY 226. I certify that (1) (this hospital) attended the deceased from 19 , and that in (my) (our) opinion death occurred on the date and hour and from the cooper. (1) (we) (did) (did not) view the body ofter death. DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN D		1209	ONISEONIENCE OF		
DUE TO, OR AS A CONSEQUENCE OF VALUE Color Course Lost Color Colo	(IP sepsis + D	cricandial effusion	20
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CONTRIBUTION OF CONTRIBUTION OF CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY 200. IF YES, WERE FINDING IN CERTIFYING CAUSES OF CONDITION FOR WHICH OPERATION WAS PERFORMED 210. ACCIDENT WAS UNDERLYING OF CAUSE OF DEATH OF CONDITION FOR WHICH OPERATION WAS PERFORMED 210. ACCIDENT WAS UNDERLYING OF CAUSE OF DEATH OF CONDITION OF CONTRIBUTION OF CONTRIBUTION OF CONDITION OF CONTRIBUTION OF CONTRIB		gove rise to immediate	ONSEQUENCE OF		
190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 200. IF YES, WERE FINDING IN CERTIFYING CAUSES OF YES NO YE		underlying couse lost	ONSEGUENCE OF		
190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 200. IF YES, WERE FINDING IN CERTIFYING CAUSES OF YES NO YE	P	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIB	TING TO DEATH BUT NOT RELATED TO THE TERM	AIN AL DISEASE OR CONDITION GIVEN IN P	ART I(o)
OR CONTRIBUTING CAUSE OF DEATH POWR A.M. MONTH DAY TEAR (IF EITHER, NOTIFY MEDICAL EXAMINER) 210. I LOCATION STREET 211. LOCATION STREET 212. I LOCATION STREET 213. I LOCATION STREET 214. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 226. I certify that (I) (this hospital) attended the deceased from sow the deceased alive on above, (I) (we) (did) (did not) view the bady after death. 226. SIGNATURE 226. SIGNATURE 226. PHYSICIAN'S NAME (TYPE OF PRINT) 226. PHYSICIAN'S NAME (TYPE OF PRINT) 227. ADDRESS 228. ADDRESS 229. ADDRESS 220. TERMING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICI		1 -1 - 1	0 10		
OR CONTRIBUTING CAUSE OF DEATH POWR A.M. MONTH DAY TEAR (IF EITHER, NOTIFY MEDICAL EXAMINER) 210. I LOCATION STREET 211. LOCATION STREET 212. I LOCATION STREET 213. I LOCATION STREET 214. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 226. I certify that (I) (this hospital) attended the deceased from sow the deceased alive on above, (I) (we) (did) (did not) view the bady after death. 226. SIGNATURE 226. SIGNATURE 226. PHYSICIAN'S NAME (TYPE OF PRINT) 226. PHYSICIAN'S NAME (TYPE OF PRINT) 227. ADDRESS 228. ADDRESS 229. ADDRESS 220. TERMING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICI	Y 19	190 DATE OF OPERATION 196 CONDITION F	OR WHICH OPERATION WAS PERFORMED	200 AUTOPSY? 206. IF YES, WERE	FINDINGS USED
OR CONTRIBUTING CAUSE OF DEATH POWR A.M. MONTH DAY TEAR (IF EITHER, NOTIFY MEDICAL EXAMINER) 210. I LOCATION STREET 211. LOCATION STREET 212. I LOCATION STREET 213. I LOCATION STREET 214. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 226. I certify that (I) (this hospital) attended the deceased from sow the deceased alive on above, (I) (we) (did) (did not) view the bady after death. 226. SIGNATURE 226. SIGNATURE 226. PHYSICIAN'S NAME (TYPE OF PRINT) 226. PHYSICIAN'S NAME (TYPE OF PRINT) 227. ADDRESS 228. ADDRESS 229. ADDRESS 220. TERMING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICI	7 1				№ 🗆
P.M. 19 21d. INJURY OCCURRED 21r. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 211. LOCATION STREET CITY OR TOWN COUNTY	21			RED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR	PART 2)
22a. I certify that (I) (this hospital) attended the deceased from 19	4 3 :	ON CONTRIBOTING CAUSE OF BEATH			
22a. I certify that (I) (this hospital) attended the deceased from 19	21			CITY OR TOWN COU	INTY STATE
220. I certify that (1) (this hospital) attended the deceased from	₹ AT	AT WORK AT WORK	yet, wet nee, room, Else J	24000 10000	
DEGREE 226 SIGNATURE 226 SIGNATURE 226 PHYSICIAN'S NAME (ITUPE OR PRINT) Barbara Fretuell DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR			sed from, 19	, to, 19	, that (I) (we
226 SIGNATURE Barbara Fretwell DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN STAFF PHYSICIAN DIRECTOR PHYSICIAN STAFF 220 ADDRESS Univ. Md. Hosp. 22 S. Greene		sow the deceased alive on above (1) (we) (did) (did not) view the hady after di		death occurred on the date and have and fr	om the couses state
22d PHYSICIAN'S NAME (ITTE OR PRINT) Barbara Fretwell 220 ADDRESS Univ. Md. Hosp. 22 S. Greene	27		DEGREE		DATE SIGNED
Barbara Fretwell Univ. Md. Hosp. 22 S. Greene		43an brune Fresh	well on D ATTENDING PHYSICIAN		3-4-8
	27	224. PHYSICIAN'S NAME (TYPE OR PRINT)	22e ADDRESS		01
		Barbara Fretu	ell Univ.md.	Hosp. 22 S. Gree	ene ot
234 BLIRTAL, CREMATION, REMOVAL 234 DATE 236 NAME OF CEMETERY OR CREMATORY 124 LOCATION COUNTY	23a_BLH	MIRIAL, CREMATION, REMOVAL 231 DATE	23c NAME OF CEMETERY OR CREMATORY	123 LOCATION	STATE
Buxing 3/11/80 mt Calvery Brooklyn	(SPE	SDE CEVI	mt Calvery	12	me
24 FUNERAL DIRECTOR NAME ADDRESS ADDRESS ADDRESS MAR 1 8 1980 ADDRESS MAR 1 8 1980	24 FUN	UNERAL DIRECTOR	25e. DA		SIGNATURE

84 95 8 8 5 h Talle Original Donce. Yes This H x Balto Jan Demestic SALES OF SHARE SHARE Sallient x Marghall THE PARTY OF THE P Busines H. Kauell St. Statis Calvera Dacakling January Bullet

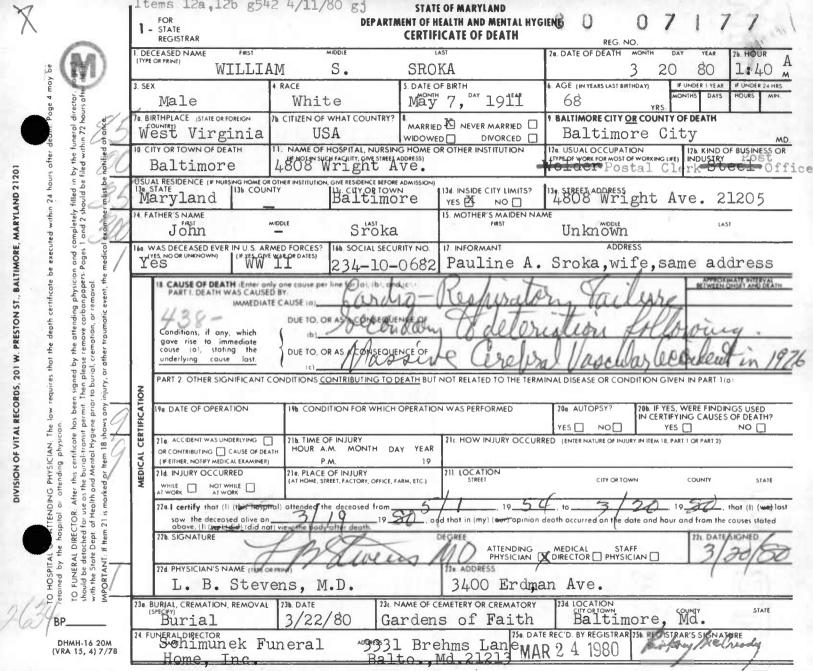
3	1.	FOR - STATE REGISTRAR		DEPART	MENT OF	E OF MARYLAND SEALTH AND MENTAL HE SICATE OF DEATH	ENEO O	7	7	4
		CEASED NAME FIRST		MIDDLE		LAST			AY YEAR	26 HOUR
4 24	{ TYPE	VIRGIA	LIA	M.	57	radley		3 8	80	
4 4	3. SE		4 RACE		5 DATE	OF BIRTH	& AGE (IN YEARS LAST BIRT		IF UNDER I YEAR	IF UNDER 24 HR
(mon)	17	emale	Black	£	MONT 3	DAY YEAR	7	7 YRS	ONTHS DAYS	HOURS MIN
	_	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY	8		9 BALTIMORE CITY O		OF DEATH	
£ \$ \$ \$ \$ \$ \$ \$ \$ \$		Virginia	4.5	A.	WIDOW	D NEVER MARRIED	Balton			MD
# ##	10 C	ITY OR TOWN OF DEATH			NG HOME	OR OTHER INSTITUTION	120 USUAL OCCUPAT	ON	126 KIND	OF BUSINESS OR
201 by the filed v	8	altimore	180		nors .	Hospital	(TYPE OF WORK FOR MOST O	F WORKING LIFE	INDUSTRY	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 ING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs is retributing physician. Wher this certificate has been signed by the attending physician and completely filled in by as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled that hand Mental Hygiene prior to buriol, cremation, or removal. Orked or them 18 shows any injury, or ather traumantic event, the medical examiner must be go		AL RESIDENCE (IF NURSING HOME O STATE 136 COU		113c CITY OR TOV	VN.		13e STREET ADDRESS		G.	9.000
LAN hin 3	14 F	ATHER'S NAME		Baltimo	one_	YES NO		Berce	ST .	21993
ARYL within plerely nd 2 s		FIRST	MIDDLE	LAST		FIRST	WIDDLE	-) 11 IA	ST
Completed on one of the one of th	160 \	WAS DECEASED EVER IN U.S. AI		heppard		MARY 17 INFORMANT	ADDRE	SS	PHer	son
MORE, e execut nond cc Poges I		YES, NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATES)	The second						
cran cran the m		No		213-54-		Grace Will:	lams 3929	Sout		
r, BAI		18 CAUSE OF DEATH (Enter to PART I, DEATH WAS CAUSI	nly one couse pe ED BY		lens 1	Foi lur	1		BETWEEN	XIMATE INTERVAL I ONSET AND DEATH
ng p bong rem		1-81 - IMMEDIA	TE CAUSE (0)			/	/		-	
ath of moti		206	DUE TO, C	R AS A CONSEOU	JENCE OF	un amin.				
PRESTO	M	Conditions, if any, which gave rise to immediate	(b)			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
W. P		couse 101, stating the underlying couse lost	DUE TO, O	R AS A CONSEQU	JENCE OF					
s the			(c)							
RDS, :	Z	PART 2 OTHER SIGNIFICANT	CONDITIONS C	ONIKIROLING TO	DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE OR CON	OII ION GIVE	NINPARII	O
been mit T	CERTIFICATION	19a, DATE OF OPERATION	19b COND	TION FOR WHICH	H OPERATIO	IN WAS PERFORMED	20g AUTOPSY?	70b IF YES.	WERE FINDI	INGS USED
Perm ne prem n	FIC							IN CERTIFY	ING CAUSE	S OF DEATH?
ON OF VITAL ON OF VITAL HYSICIAN: The ding physician is certificate h buriol-tronsit p Mental Hygies Amental Hygies	FR	21g. ACCIDENT WAS UNDERLYING	7 21b, TIME C	OF INJURY		21c HOW INJURY OCCURR	YES NO			NO []
OF VITA OF VITA ICIAN: The physicia p		OR CONTRIBUTING CAUSE OF DE	ATH HOUR A	M. MONTH						
SION OF VI PHYSICIAN: ending phys this certifica te buriol-fror ad Mental Hy	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED		M OF INJURY	19	21f LOCATION				
DIVISIO Offend PHY Offer this os the bi	ME	WHILE IN NOT WHILE IN		REET, FACTORY, OFFICE,	FARM, ETC.)	STREET	CITY OR TOV	/N	COUNTY	STATE
DIN ENDING al or o OR. After ruse os Health, is mork	10	22a I certify that (I) (this hosp	tal) attended th	o dosposed from	2/1	14 10 F	1 7/8	,	9 60	, that (I) (we) lost
ATTENDIN Signification or ECTOR. Africation of difference of the officers of t		sow the deceased alive or above, Milwe) (did) (did no	- / -		& o	nd that in (my) (our) opinion d	leath occurred on the de			
R ATTEN hospital in RECTOR in Hed for up the for a filter 21 is them 21 is		obove, (Miwe) (did) (did no	ot) view the body	ofter death.		DEGREE				ESIGNED
0 0 0 0 0		41.	h him			ATTENDING	MEDICAL STAI	F	3/9	
SPITAL (3 by the NERAL I be deta be deta e State I TANT: If	1	22d. PHYSICIAN'S NAME (TYPE		7		PHYSICIAN 222e ADDRESS	DIRECTOR PHYSIC	IAN		
O HOSPITAL TO FUNERAL should be det with the State		Price NA	1	ABUND						
TO HOSPITAL retained by the TO FUNERAL should be detained by with the State with	22.	DUDIAL CREATION REPOVAL				EMETERY OR CREMATORY	23d. LOCATION			
	130	BURIAL, CREMATION, REMOVAI (SPECIFY) Burial	3/14/				CITY OR TOWN		COUNTY	STATE
1901 BP	74 F	UNIERAL DIRECTOR	3/14/	00 N	IC. A	uburn Cem.	Baltimo REC'D, BY REGISTRAR	75b. REC	AR'S SIGNA	MD
DHMH - 16 60M 1/75 (VR A 15 (4))	111	NAME OF	11	ADDRESS -	+20	# (R 1 2 1980	tion	May /K	Elredy
1	VA	m. C. March F	11.	10 (cast	100	a cive. 1 Mt	1K T 10 1200		1	

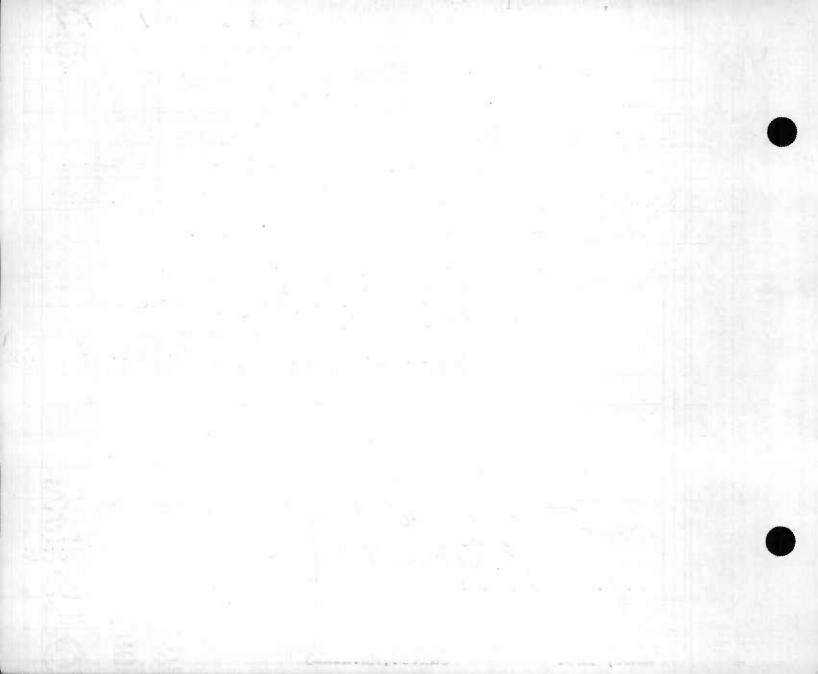


a-	1.	FOR STATE	DE	PARTMENT OF	E OF MARYLAND SEALTH AND MENTAL HYS SICATE OF DEATH	IENEO O	7 1 7	5
	1. DE	REGISTRAR CEASED NAME FIRST CORPRINT)	MIDDLE		LAST	REG. NO	AONTH DAY YEAR	26 HOUR
(M)	3. SE		4 RACE	S. DATE (6 AGE (IN YEARS LAST BIRTH	DAY) IF UNDER I YEAR MONTHS DAYS	UNDER 24 HR
nerol dire	7	RTHPLACE STATE OR FOREIGN OUNTRY)	76 CITIZEN OF WHAT COL	NTRY? 8. MARRIE	D NEVER MARRIED DIVORCED	9 BALTIMORE CITY OF		
by the fune filed within		ITY OR TOWN OF DEATH Baltimore (ity	St. Agnes	Hospital	or other institution	126 USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF arpenter		F BUSINESS C
in 24 hou y filled in should be	130 M	ALRESIDENCE (IF NURSING HOME COL STATE 136 COL ALLER'S NAME	JNTY 13c. CITY C	CE BEFORE ADMISSION) OR TOWN butus	13d. INSIDE CITY LIMITS? YES NO D		lle Ave.	
ompletely on 2 sh		loah Sprinkle		AST	Laura Fowble	MIDDLE	LAS	ĭ
be execution and constant of secution or s	160 (NAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, GI	IRMED FORCES? 166 SOCIA	16-1830	Edward Spris	nkle 5522 (a	wille Ave.	MATE INTERVAL
requires that the death certificate to signed by the ottending physicio. Then please remove corbon papers or burial, cremation, or removal. injury, or other traumotic event, the	rion	Canditions, if ony, which gove rise to immediate cause (a), stoting the underlying couse lost PART 2. OTHER SIGNIFICANT	DUE TO, OR AS A CON b)	NSEQUENCE OF				
he fow rion. thos bee the prior in permit. in the prior i	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR	WHICH OPERATIC	n was performed	200 AUTOPSY? YES NO	201/1F YES, WERE FINDIN IN CERTIFYING CAUSES YES []	OF DEATH?
HYSICIAN: The landing physicion. sis certificate hos buriel-transit per land Hygiene or Item 18 shows	MEDICAL CE	210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF EITHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED	P.M.	19	21c. HOW INJURY OCCUR			
rending photology of the content of	W	WHILE NOT WHILE AT WORK 220.1 certify that (1) this has	- 111	fram 3/	STREET	city or town	3 , 19 80,	that (I (we) la
the hasp the hasp toched for e Dept. o		obove, (I) was lard did n	not) view the body after death	id	DEGREE ATTENDING PHYSICIAN [death accurred on the date	22c. DATE	
TO HOSPITAL retoined by the TO FUNERAL should be det with the Stote IMPORTANT:		22d. PHYSICIAN'S NAME (TYPE	ORPRINT) R - Sai	4	22e ADDRESS			
BP	230.	BURIAL, CREMATION, REMOVA SPECIFY) Burial	3/15/80		re Park Cem.	23d. LOCATION Woodlawn	Baltimore, M	laryland
DHMH - 16 50M 1/76 (VR A 15 (4))		UNERAL DIRECTOR	28 Sulphur Sp	RESS Rd.	950 DA	RECOSY REGISTRAR 2	So perpeny free	Ready

of i on i n has a oplo oliver and the same and t ٥ ١-١١٢ سه تد لم عامل د. in and and and and and and $n = c \cdot l + n \cdot c \cdot c$

LOKEL SANDE JOHNS HOLLINS HASPITHE STATES IN

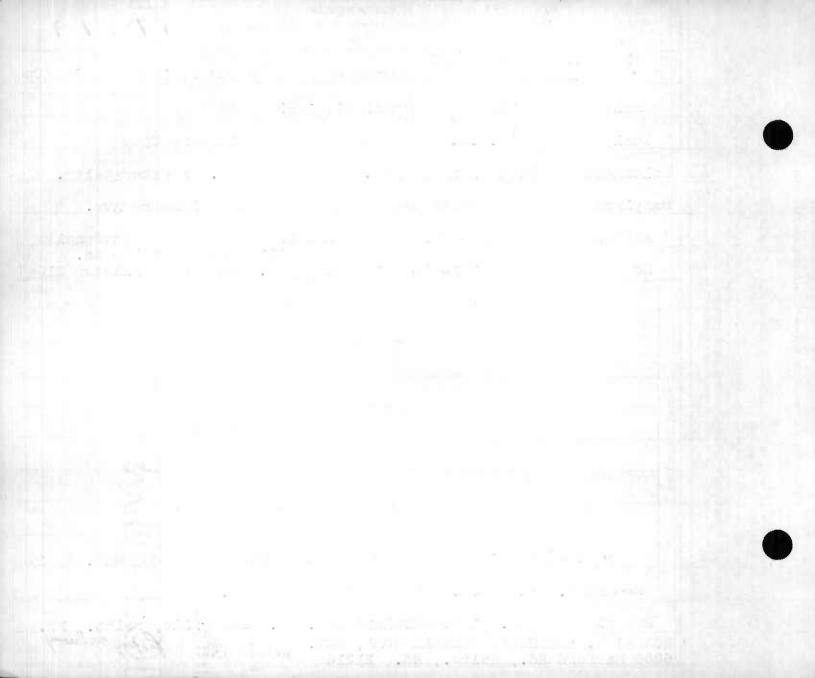




Romain Common Name of State of	1 588		16 10101	10:46 -	N317717
Townsell () The man () () () () () () () () () (mber 10,3719	aneri adidi	ožerovi.
aprinted (Alb) g veneral - testina entre de mint. And testina entre de la contrata entre del	115 - 9.	0.476Q	In program X	de la hi bethel	ter (ver)
apininon – entretta trace — norinina (internal per contrata) (internal per con	of the	at Number of	SVE S		
The first on a state of the sta	.15 45	Me . alta		emeth i	
The control of the co	salminoi	-	entredital	reacot)	mio),
	dia moduli dia	a Massimum	Antitony Steph		

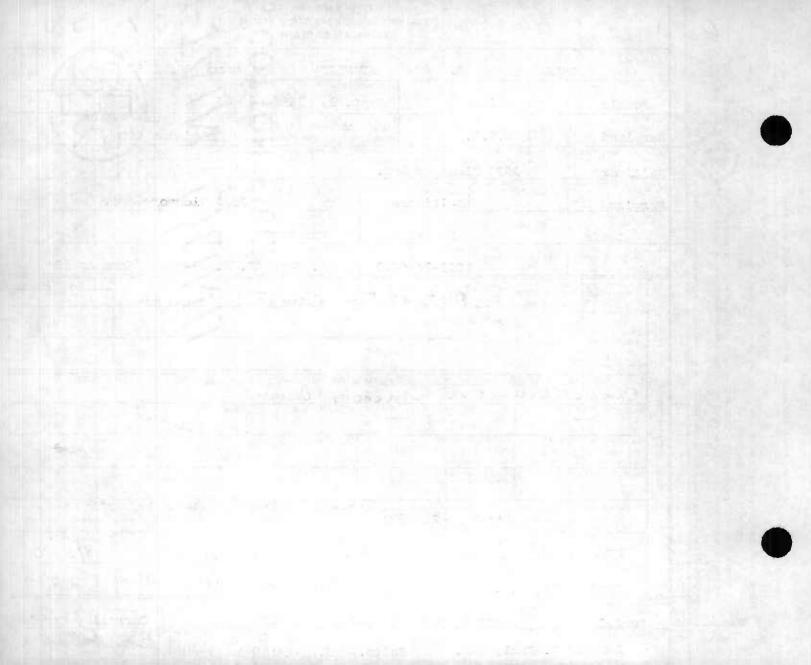
Tilly & Zeiler Inc. 1901 Pastern Ave. 21231

STATE OF MARYLAND

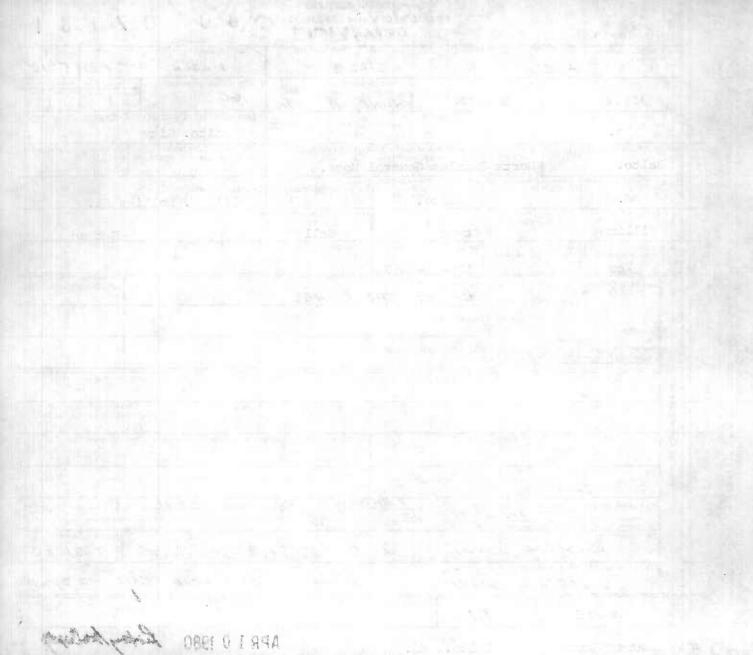


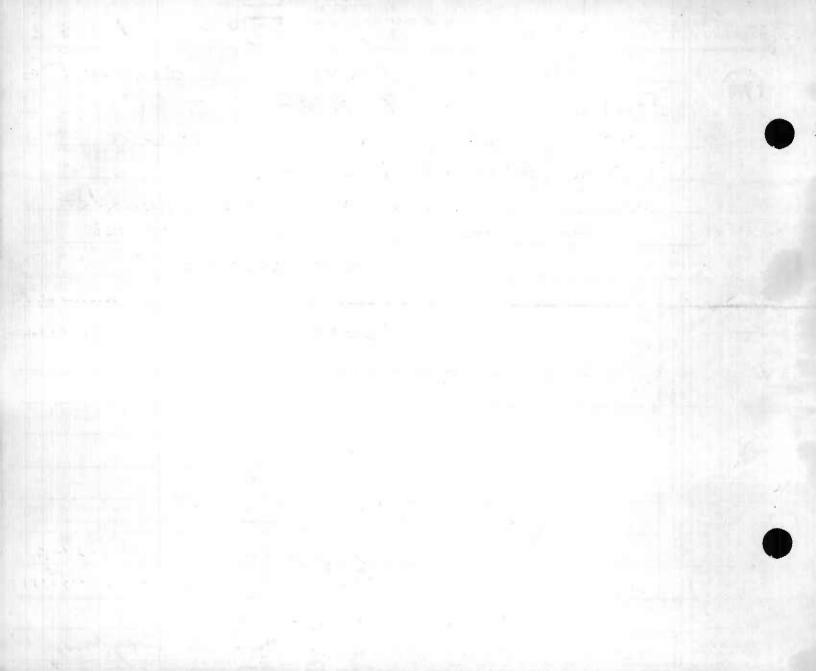
6		- STATE REGISTRAR			FICATE OF DEATH	REG. N	10.	0 0
		CEASED NAME FIRST	MIDDLE		LAST	20. DATE OF DEATH	MONTH DAY YEAR	26 HOUR
	(*****	ANNA	L.	SI	CANLEY	March 30,	. 1980	
	3. SE	X	4 RACE		OF BIRTH	6 AGE (IN YEARS LAST BIR		
		Female	White	Sep	t. 1°, 1896	83	YRS.	S HOURS
ë		IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT C	OUNTRY? 8	D NEVER MARRIED	9 BALTIMORE CITY C	OR COUNTY OF DEATH	0.00
35		ryland	U.S.A.	WIDOW		Baltimo	ore City,	
50	1	ITY OR TOWN OF DEATH	11. NAME OF HOSPITA (IF NOT IN SUCH FACILITY, 3530 Glenm	AL, NURSING HOME (, GIVE STREET ADDRESS)	OR OTHER INSTITUTION	12g USUAL OCCUPATE (TYPE OF WORK FOR MOST OF HOUSEWIFE	OF WORKING LIFE) INDUSTR	OF BUSINES
a T	USU	AL RESIDENCE (IF NURSING HOME	OR OTHER INSTITUTION, GIVE RESIL	DENCE BEFORE ADMISSION)	E MILES IN EX			
BS		state 13b co		timore	13d. INSIDE CITY LIMITS? YES X NO	3530 Glenn	more Ave.	
and a	_	ATHER'S NAME	WIDDLE	LAST	15. MOTHER'S MAIDEN NA			LAST
500		Louis		ssagno	Margaret	1110000	Ke	elly
Heal		WAS DECEASED EVER IN U.S. A	ARMED FORCES? 166 SO	CIAL SECURITY NO.	17 INFORMANT	ADDRE	ESS	
Date	1	No		3-74-0441	Mr. Jesse	L. Stanley	Same as	: 13e
		cause (a), stating the		CHICEOTIESTOF				
	NOI	underlying couse last. PART 2. OTHER SIGNIFICAN	(1	1		IDITION GIVEN IN PART	1(a)
ws ony injury. or	TIFICATION	underlying couse last. PART 2. OTHER SIGNIFICAN	TCONDITIONS CONTRIBU	JTING TO DEATH BUT	any Disease		20b. IF YES, WERE FINE IN CERTIFYING CAUSI	DINGS USED
shows ony injury. or	CERTIFICATION	PART 2. OTHER SIGNIFICAN Chownic Of 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	T CONDITIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTION FOR 198. CONDITION FOR 198. TIME OF INJUR	TING TO DEATH BUT PULL N. C. N	any Disease	200 AUTOPSY? YES NO	206. IF YES, WERE FINE IN CERTIFYING CAUSE YES	DINGS USED ES OF DEATH
shows ony injury. or		PART 2. OTHER SIGNIFICAN CANNIC CI 19a DATE OF OPERATION	T CONDITIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTION FOR THE CONDITION FOR THE CONTRIBUTION	UTING TO DEATH BUT Pulnen DR WHICH OPERATION	any Disease	200 AUTOPSY? YES NO	206. IF YES, WERE FINE IN CERTIFYING CAUSE YES	DINGS USED ES OF DEATI
shows ony injury. or		UNDERLYING COUSE LOST. PART 2. OTHER SIGNIFICAN CANONIC CANO	19b. CONDITION FO	PUL N CH DR WHICH OPERATION THE DAY YEAR	any Disease	208 AUTOPSY? YES NOTE: N	20b. IF YES, WERE FIND IN CERTIFYING CAUSI YES	DINGS USED ES OF DEAT NO
shows ony injury. or	MEDICAL CERTIFICATION	PART 2. OTHER SIGNIFICAN CANONIC OS 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF I	19b. CONDITION FO	TING TO DEATH BUT Pul nen OR WHICH OPERATION Y ONTH DAY YEAR 19	216 HOW INJURY OCCUR	200 AUTOPSY? YES NO	20b. IF YES, WERE FIND IN CERTIFYING CAUSI YES	DINGS USED ES OF DEAT NO
21 is marked or Item 18 shows ony injury, or		UNDERLYING COUSE LOST. PART 2. OTHER SIGNIFICAN CAWNIC CO. 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF I (# FITHER, NOT HY MEDICAL EXAMIN 21d. INJURY OCCURRED WHILE AT WORK NOT HY MEDICAL 22a.1 certify that (I) (this had sow the deceased olive sow the deceased olive)	19b. CONDITION FO 19b. CONDITION FO 19b. CONDITION FO 19b. TIME OF INJUR HOUR A.M. MC P.M. 21e. PLACE OF INJU (AT HOME, STREET, FACTO spitol) oftended the deceous	DR WHICH OPERATION Y ONTH DAY YEAR 19 RY ORY, OFFICE, FARM, ETC.] sed from	216 HOW INJURY OCCUR	200 AUTOPSY? YES NOTER NATURE OF INJUI CITY OR TOV	20b. IF YES, WERE FINE IN CERTIFYING CAUSE YES TO THE WIND THE MISS, PART 1 OR PART 2	DINGS USED ES OF DEATH NO [] STA
21 is marked or Item 18 shows ony injury. ar		UNDERLYING COUSE LOST. PART 2. OTHER SIGNIFICAN CAWNIC CO. 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF I (# FITHER, NOT HY MEDICAL EXAMIN 21d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 22a.1 certify that (I) (this had sow the deceased olive sow the deceased olive)	17b. CONDITION FOR THE LINE OF INJUR HOUR A.M. MC P.M. 21e. PLACE OF INJUR (AT HOME, STREET, FACTO Spitol) ottended the decease on Merch 2	DING TO DEATH BUT PU N & N DR WHICH OPERATIO Y DNTH DAY YEAR 19 RY ORY, OFFICE, FARM, ETC.] seed from 19 00 01 01 01 01 01 01 01 01	21c HOW INJURY OCCUR 21f LOCATION STREET and that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN	200 AUTOPSY? YES NOTER NATURE OF INJUI CITY OR TOV	20b. IF YES, WERE FIND IN CERTIFYING CAUSI YES WHAT COUNTY WATER TO THE MERCEN TO THE MERCEN THE	DINGS USED ES OF DEATH NO [] STA
21 is marked or Item 18 shows ony injury. ar		Underlying couse last. PART 2. OTHER SIGNIFICAN CAWNIC OF THE SIGNIFICAN 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF INTERPREMENTED CAUSE OF INTERPREMENT OF THE COURT OF THE	17b. CONDITIONS CONTRIBU. 17b. CONDITION FO. 17b. CONDITION FO. 17b. TIME OF INJUR. HOUR A.M. MC. P.M. 21e. PLACE OF INJU. (AT HOME, STREET, FACTO an Merch 2 not) view the body after de. M. A.M. 21. PLACE OF INJUR. 22. PLACE OF INJUR. 23. PLACE OF INJUR. 24. PLACE OF INJUR. 25. PLACE OF INJUR. 26. PLACE OF INJUR. 27. PLACE OF INJUR. 28. PLACE OF INJUR. 29. PLACE OF INJUR. 20. PLACE OF INJUR. 20. PLACE OF INJUR. 21. PLACE OF INJUR. 21. PLACE OF INJUR. 21. PLACE OF INJUR. 22. PLACE OF INJUR. 24. PLACE OF INJUR. 26. PLACE OF INJUR. 27. PLACE OF INJUR. 28. PLACE OF INJUR. 29. PLACE OF INJUR. 20. PLACE OF INJUR. 20. PLACE OF INJUR. 20. PLACE OF INJUR. 21. PLACE OF INJUR. 22. PLACE OF INJUR. 23. PLACE OF INJUR. 24. PLACE OF INJUR. 25. PLACE OF INJUR. 26. PLACE OF INJUR	DING TO DEATH BUT PU N & N DR WHICH OPERATIO Y DNTH DAY YEAR 19 RY ORY, OFFICE, FARM, ETC.] seed from 19 00 01 01 01 01 01 01 01 01	21c HOW INJURY OCCUR 21f LOCATION STREET 21f (my) (our) opinion DEGREE ATTENDING PHYSICIAN 22e ADDRESS	200 AUTOPSY? YES NOTE NOTE RED (ENTER NATURE OF INJUI CITY OR TOV deoth occurred an the di MEDICAL STA	20b. IF YES, WERE FIND IN CERTIFYING CAUSI YES WAN COUNTY COUNTY 20b. IF YES, WERE FIND IN CERTIFYING CAUSI YES COUNTY 20b. IF YES, WERE FIND IN CERTIFYING CAUSING CAUSI	DINGS USED ES OF DEAT NO DINGS USED STATE OF THE PROPERTY OF T
NT; If Hem 21 is marked or Hem 18 shows any injury. or		Underlying couse last. PART 2. OTHER SIGNIFICAN Chownic C 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF I (WE FITHER, NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 22a. I certify that (II) (this hose saw the deceased olive above, (I) (we) (did) (did) 22b. SIGNATURE	19b. CONDITIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTION FOR CONDITION FOR CONDITION FOR CONTRIBUTION FOR CO	DING TO DEATH BUT PU N & N DR WHICH OPERATIO Y DNTH DAY YEAR 19 RY ORY, OFFICE, FARM, ETC.] seed from 19 00 01 01 01 01 01 01 01 01	21c HOW INJURY OCCUR 21f LOCATION STREET and that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN	200 AUTOPSY? YES NOTE NOTE RED (ENTER NATURE OF INJUI CITY OR TOV deoth occurred an the di MEDICAL STA	20b. IF YES, WERE FIND IN CERTIFYING CAUSI YES WAN COUNTY COUNTY 20b. IF YES, WERE FIND IN CERTIFYING CAUSI YES COUNTY 20b. IF YES, WERE FIND IN CERTIFYING CAUSING CAUSI	DINGS USED ES OF DEAT NO
NT; If Hem 21 is marked or Hem 18 shows any injury. or	WEDICAL 23a. 1	Underlying couse last. PART 2. OTHER SIGNIFICAN LIGHT SIGNIFICAN 21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF I (IF EITHER, NOT IFY MEDICAL EXAMINATION COURRED) WHILE NOT WHILE AT WORK 22g. I certify that (I) (this hose saw the deceased olive above, (I) (we) (did) (did) 22d. PHYSICIAN'S NAME (TYP) Davis Hahn BURIAL, CREMATION, REMOV.	19b. CONDITIONS CONTRIBUTIONS	DY CONTROL OF STATE OF THE STAT	21c HOW INJURY OCCUR 21f LOCATION STREET 21f (my) (our) opinion DEGREE ATTENDING PHYSICIAN 22e ADDRESS	200 AUTOPSY? YES NOTE NOTE RED (ENTER NATURE OF INJUI CITY OR TOV deoth occurred an the di MEDICAL STA	20b. IF YES, WERE FIND IN CERTIFYING CAUSI YES WAN COUNTY COUNTY 20b. IF YES, WERE FIND IN CERTIFYING CAUSI YES COUNTY 20b. IF YES, WERE FIND IN CERTIFYING CAUSING CAUSI	DINGS USED ES OF DEATH NO (1)
21 is marked or Item 18 shows ony injury, or	WEDICAL 23a. 1	Underlying couse last. PART 2. OTHER SIGNIFICAN LIVE CONTRIBUTION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 220.1 certify that (1) (this hose saw the deceased olive above, (1) (we) (did) (did 220.5 SIGNATURE 22d. PHYSICIAN'S NAME (TYP Davis Hahn	19b. CONDITIONS CONTRIBUTIONS	DY WHICH OPERATION OR WHICH OPERATION YOU MEN ON WHICH OPERATION YOU MEN ON YOU MEN	216 HOW INJURY OCCUR 216 HOW INJURY OCCUR 216 LOCATION STREET 217 LOCATION STREET 218 LOCATION STREET 219 COCUR 216 LOCATION STREET 217 LOCATION STREET 218 LOCATION STREET 219 COCUR 216 LOCATION STREET 217 LOCATION STREET 218 LOCATION STREET 218 LOCATION STREET 219 COCUR 210 LOCATION STREET 211 LOCATION STREET 211 LOCATION STREET 212 LOCATION STREET 213 LOCATION STREET 214 LOCATION STREET 215 LOCATION STREET 216 LOCATION STREET 217 LOCATION STREET ATTENDING PHYSICIAN STREET 218 LOCATION STREET 219 LOCATION STREET ATTENDING PHYSICIAN STREET 220 LOCATION STREET 221 LOCATION STREET ATTENDING PHYSICIAN STREET 222 LOCATION STREET 223 LOCATION STREET 224 LOCATION STREET ATTENDING PHYSICIAN STREET 226 LOCATION STREET 227 LOCATION STREET 228 LOCATION STREET 228 LOCATION STREET 229 LOCATION STREET 220 LOCATION STREET 221 LOCATION STREET 222 LOCATION STREET 223 LOCATION STREET 224 LOCATION STREET 225 LOCATION STREET 226 LOCATION STREET 227 LOCATION STREET 228 LOCATION STREET 228 LOCATION STREET 229 LOCATION STREET 220 LOCATION STREET STREET 22	200 AUTOPSY? YES NOW RED (ENTER NATURE OF INJUI CITY OR TOV deoth occurred on the di MEDICAL STA DIRECTOR PHYSIC Raven 23d LOCATION CITY OR TOWN	20b. IF YES, WERE FINE IN CERTIFYING CAUSI YES WAN COUNTY WAN COUNTY 30, 19, 50 Oute and hour and from the CIAN 22c. DA SFE CIAN 3	STANDARY STANDARY STANDARY STANDARY STANDARY STANDARY STANDARY MARY
NT: If Hem 21 is marked or Hem 18 shows ony injury. or	WEDICAL	Underlying couse last. PART 2. OTHER SIGNIFICAN LAW N.C. 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF I (HEITHER, NOTIFY MEDICAL EXAMINA 21d. INJURY OCCURRED WHILE NOTIFY MEDICAL EXAMINA 22d. I certify that (I) (this hoses saw the deceased olive abave, (I) (we) (did) (did 22d. SIGNATURE 22d. PHYSICIAN'S NAME (TYP Davis Hahn BURIAL, CREMATION, REMOV. 55ECIFY)	19b. CONDITIONS CONTRIBLE 19b. CONDITION FOR THE	DY WHICH OPERATION OR WHICH OPERATION YOU MEN ON WHICH OPERATION YOU MEN ON YOU MEN	216 HOW INJURY OCCUR 216 HOW INJURY OCCUR 216 LOCATION STREET 217 LOCATION STREET 218 LOCATION STREET 219 COCUR 216 LOCATION STREET 217 LOCATION STREET 218 LOCATION STREET 219 COCUR 216 LOCATION STREET 217 LOCATION STREET 218 LOCATION STREET 218 LOCATION STREET 219 COCUR 210 LOCATION STREET 211 LOCATION STREET 211 LOCATION STREET 212 LOCATION STREET 213 LOCATION STREET 214 LOCATION STREET 215 LOCATION STREET 216 LOCATION STREET 217 LOCATION STREET ATTENDING PHYSICIAN STREET 218 LOCATION STREET 219 LOCATION STREET ATTENDING PHYSICIAN STREET 220 LOCATION STREET 221 LOCATION STREET ATTENDING PHYSICIAN STREET 222 LOCATION STREET 223 LOCATION STREET 224 LOCATION STREET ATTENDING PHYSICIAN STREET 226 LOCATION STREET 227 LOCATION STREET 228 LOCATION STREET 228 LOCATION STREET 229 LOCATION STREET 220 LOCATION STREET 221 LOCATION STREET 222 LOCATION STREET 223 LOCATION STREET 224 LOCATION STREET 225 LOCATION STREET 226 LOCATION STREET 227 LOCATION STREET 228 LOCATION STREET 228 LOCATION STREET 229 LOCATION STREET 220 LOCATION STREET STREET 22	200 AUTOPSY? YES NOW RED (ENTER NATURE OF INJUI CITY OR TOV deoth occurred on the di MEDICAL STA DIRECTOR PHYSIC ROUGH 23d LOCATION CITY OR TOWN K IE REC'D. BY REGISTRAR	20b. IF YES, WERE FINE IN CERTIFYING CAUSI YES WN COUNTY WN COUNTY A 30, 19 50 Ote and hour and from the CIAN 222. DA FF CIAN 3, 55 COUNTY CARTOll	STANDERS USED ES OF DEATH NO [] STANDERS OF DEATH NO [] (whe couses sto [] SI / PC 2 12 3

STATE OF MARYLAND

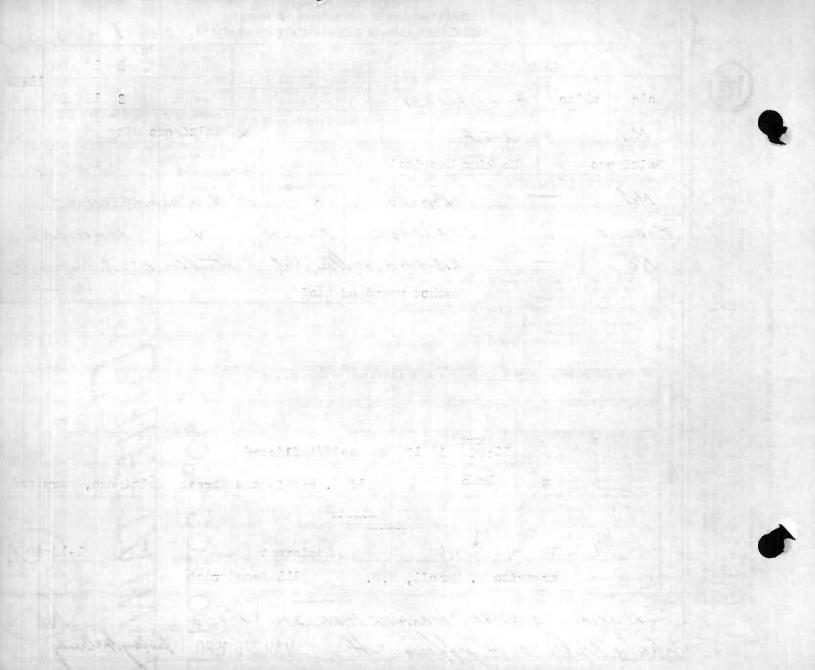


		FOR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY	FGIENE 8 ()	0 7 1 0
	1.	- STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO	0 / 1 8
		CEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH "	
		JAME	es H	STARR	MARCH	1 31 1980 5:
	3 SE		4 RACE	S DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTH	DAY) IF UNDER 1 YEAR IF UNDER
ohce		MALE	WHITE	JUNE 18 1919	60	YRS.
75	7a. B	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY? USA	MARRIED NEVER MARRIED WIDOWED DIVORCED	Balto.	
419		ITY OF TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCHFACILITY, GIVE STREET North Charles G	NG HOME OR OTHER INSTITUTION	17a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF	
35	USU 13a.	AL RESIDENCE (IF NURSING HOME O STATE 13b COU Md.	ROTHER INSTITUTION, GIVE RESIDENCE BEFOR NTY 13c. CITY OR TOW Balto.	VN 138. INSIDE CITY LIMITS?	13e. STREET ADDRESS	Hollins St.
\$90	14. F/	William	MDDIE LAST Starr	IS. MOTHER'S MAIDEN N FIRST Sally	IAME MIDDLE	Gutman
1	16a. \	NAS DECEASED EVER IN U.S. AI YES, NO ORUNKNOWN) (IF YES, GN	RMED FORCES? 166 SOCIAL SECU VE WAR OR DATES) 179-16-	URITY NO 17 INFORMANT	ADDRES	
	NO	gave rise to immediate cause (a), stating the underlying cause last PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSEQU	ENCE OF DEATH BUT NOT RELATED TO THE TER	RMINAL DISEASE OR COND	ITION GIVEN IN PART 1(a)
9	FICATI	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY?	206. IF YES, WERE FINDINGS USE IN CERTIFYING CAUSES OF DEAT
9	AL CERTIFICATION	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	216 TIME OF INJURY HOUR A.M. MONTH D	AY YEAR 21¢ HOW INJURY OCCU	20g AUTOPSY? YES NO NO NRRED (ENTER NATURE OF INJURY	IN CERTIFYING CAUSES OF DEAT
marked or Item 18 shows any injury.	MEDICAL CERTIFICATH	21a. ACCIDENT WAS UNDERLYING	216 TIME OF INJURY HOUR A.M. MONTH D	AY YEAR 19 211 LOCATION STREET	YES NO	IN CERTIFYING CAUSES OF DEA YES NO [INITEM 18, PART 1 OR PART 2)
or Item 18 shows any	MEDICAL	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF ETHER, NOTHY MEDICAL EXAMINER 21d. INJURY OCCURRED WHILE AT WORK AT WORK 270.1 certify that (1) (this hosp saw the deceased alive or above, (1) (we) (did) (did no 27b. SIGNATURE CULLED 27d. PHYSICIAN'S NAME (TYPE OF	21b TIME OF INJURY ATH HOUR A.M. MONTH D. P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, I ital) attended the deceased from Thank 3/ 19 att view the bady after death. OR PRINT) ALA — SOARES	AY YEAR 19 211 LOCATION STREET FARM, ETC.) 211 LOCATION STREET FLORIZARY 8, 19 80 30, and that in (my) (aur) apinion DEGREE M. D. ATTENDING PHYSICIAN 228 ADDRESS	YES NO NO NORRED (ENTER NATURE OF INJURY CITY OR TOWN to MANUAL n death accurred an the dat MEDICAL STAFF DIRECTOR PHYSICI. GEN. HOSP	IN CERTIFYING CAUSES OF DEA YES NO IN ITEM 18, PART 1 OR PART 2) COUNTY COUNTY COUNTY 19 10 11 11 12 12 12 13 13 13 14 15 16 17 18 18 18 18 18 18 18 18 18 18 18 18 18





STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 7h HOUR KNOWN (TYPE OR PRINT) ESTI-18 To 80 LAWRENCE STAUFFER DEATH MATED 4. RACE DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. 3 SEX IF UNDER 24 HRS 2c. DATE TELLHOW B YEAR LAST BIRTHDAY) PRONOUNCED 18 , 80 white ma le DEAD 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH Je. BIRTHPLACE (STATE OR MARRIED NEVER MARRIED FOREIGN COUNTRY! Baltimore City DIVORCED X WIDOWED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS! OR INDUSTRY Hopkins Hospital Baltimore BORER AVING USUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI 13a. STATE 13b. COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME RM PM MIDDLE MIDDLE LAST TAUFFER YELEN 60. WAS DECEASED EVER IN U.S. ARMED FORCES 66. SOCIAL SECURITY NO. INFORMANT DIVISION I (IF YES, GIVE WAR OR DATES) CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Gunshot wound of head IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? BURIAL. YES X NO [BE 11.00 3 21a. EXTERNAL CAUSE WAS 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING OR 0 self/inflicted WEDICAL CONTRIBUTING CAUSE OF DEATH PRIOR 21f. LOCATION 21d. INJURY OCCURRED 21e. PLACE OF INJURY LAT HOME. STRPH COLERY, FARM, ETC. 15 N. Washington Street Baltimore, Maryland WHILE AT WORK AT WORK X 22a. I certify that I taak charge of the remains described above, held an Autapsy and in my apinian Inspection death resulted fram: Undetermined manner TITLE (SPECIFY) ACTUAL 1 - 18 = 80PAGE 4 SHOU TO FUNERAL I AFTER DEATH, BALTIMORE, MA Assistant MEDICAL EXAMINER SIGNED 111 PennStreet Margarita A. Korell, M.D. EXAMINER'S NAME (TYPE OR PRINT) **ADDRESS** 230 BURIAL, CREMATION REMOVAL 236, DATE 23d LOCATION 23r NAME OF CEMETERY OR CREMATOR COUNTY STATE 256. REDISTRAR'S SIGNATURE 25e, DATE REC'D, BY REGISTRAR DHMH - 17 (VR A15 ME (5)) 15M 7/77



Ren APRIL 1990 Fotom And

HUBBARD FUNERAL HOME. INC. 4107 WILKENS AVE.

(VR A 15 (4))

STATE OF MARYLAND

BORNING OF A CONTRACT OF THE STATE OF THE ST

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE CERTIFICATE OF DEATH REGISTRAR REG. NO MIDDLE LAST 1. DECEASED NAME 7e DATE OF DEATH DAY 26 HOUR (TYPE OR PRINT) HARLIE 3 SEX 4 RACE IF UNDER I YEAR AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS 25 DAYS HOURS 25 54 Male Negro Te. BIRTHPLACE (STATE OR FOREIGN L CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY USA S.C. BALTIMORE WIDOWED [DIVORCED | 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 17a USUAL OCCUPATION 176 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Baltimore THE JOHNS HOPKINS HOSPITAL USUAL RESIDENCE (IF NURSING HOMEOR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
138 COUNTY 1134 CITY OR TOWN 1745 N. Milton Avenue Baltimore 13d INSIDE CITY LIMITS? MD YES X NO [14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST FIRST MIDDLE Boyd Dan Stevenson Easter ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) HE YES, GIVE WAR OR DATES) 250-36-8365 Odessa Stevenson 1745 N. Milton Ave. 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) PART I DEATH WAS CAUSED BY OF DNKNOUN IMMEDIATE CAUSE (o)_ DUE TO OR AS A CONSEQUENCE OF DELERIUM TREMENS Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) DIVISION OF VITAL RECORDS, CERTIFICATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES [NO [71a ACCIDENT WAS UNDERLYING 71b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 71d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE WHILE NOT WHILE AT WORK 22a.1 certify that # (this hospital) attended the deceased from. RQ and that in [4] (our) opinion death occurred on the date and hour and from the causes stated saw the deceased alive an obove, (we) (did) (that) view the body ofter death 226 SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 20 ADDRESS should be with the S 23e. BURIAL, CREMATION, REMOVAL 23¢ NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23b. DATE CITY OF TOWN STATE (SPECIFY) Balto. Cen. Burial MAR 6 1980 DHMH-16 25M Wm. C. March F/H 1101 North Ave. (VRA 15, 4) 1/79

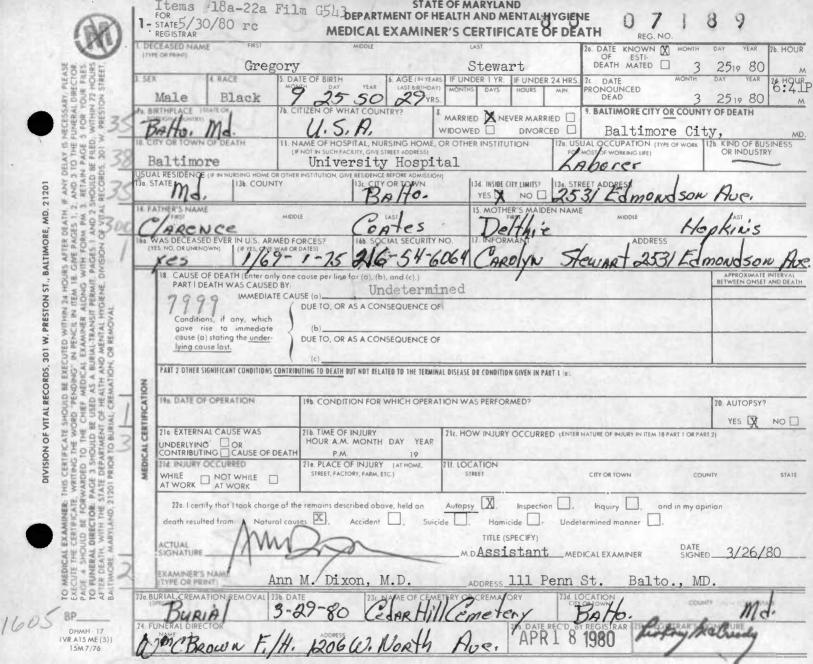
THE PARTY OF THE PER O TEN TENT REPORT BETWEEN BESTARDED TO THE TENT OF THE PARTY OF THE PART 1880 - Kestery Med.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTALHYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 2a. DATE KNOWN K MONTH 26 HOUR (TYPE OR PRINT) OF ESTI-DEATH MATED WALTER STEVENSON 10 80 W. 3. SEX 4 RACE DATE OF BIRTH AGE (IN YEARS | IF UNDER 1 YR. IE UNDER 24 HRS DATE 2d. HOUR LAST BIRTHDAY PRONOUNCED 10:27 19 80 male 11 44 36 negro DEAD 76. CITIZEN OF WHAT COUNTRY? 7a. BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH FOREIGN COUNTRY) MARRIED NEVER MARRIED USA Baltimore City WIDOWED DIVORCED X ID. CITY OR TOWN OF DEATH II. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 126. KIND OF BUSINESS FOR MOST OF WORKING LIFE | Urban Services (DOA) Sinai Hospital Baltimore SHOULD BE B USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) | STREET ADDRESS | 5017 Chalgrove Avenue 13a STATE 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? Baltimore YES X NO [OF VITAL 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE Charles Stevenson Mason Evans 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS DIVISION (YES, NO, OR UNKNOWN) Harry Stevenson 3915 Barrington Rd. 219-38-3022 No18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) Gunshot wound of chest (unspecified weapon) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF AND MENTAL HY Conditions, if ony, which gove rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES X NO [8 21g. EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY UNDERLYING MEDICAL 19 80 xxx 3-8-Shot during argument. CONTRIBUTING CAUSE OF DEATH 21e. PLACE OF INJURY (AT HOME, WHILE NOT WHILE AT WORK 5013 Chalgrove Rd Barto. Md. 22a. I certify that I taak charge of the remains described above, held on ond in my opinion deoth resulted from: Undetermined monner TITLE (SPECIFY) ACTUAL EXECUTE THE C PAGE 4 SHOU TO FUNERAL E AFTER DEATH, BALTIMORE, MA Assistant MEDICAL EXAMINER 3-9-80 SKINATURE Ann M. 111 Penn St. Dixon, M.D EXAMINER'S NAME TYPE OR PRINT ADDRESS 23a BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNT King Memorial Park Mb Baltimore 3/15/80 Burial MAR 1 2 1980 24 FUNERAL DIRECTOR **DHMH - 17** C. March F/H TT01 E. North Ave. VR A15 ME (5) 15M 7/77

6 1. W. of 20 22 27th vigor ende i trans de la companya de la co

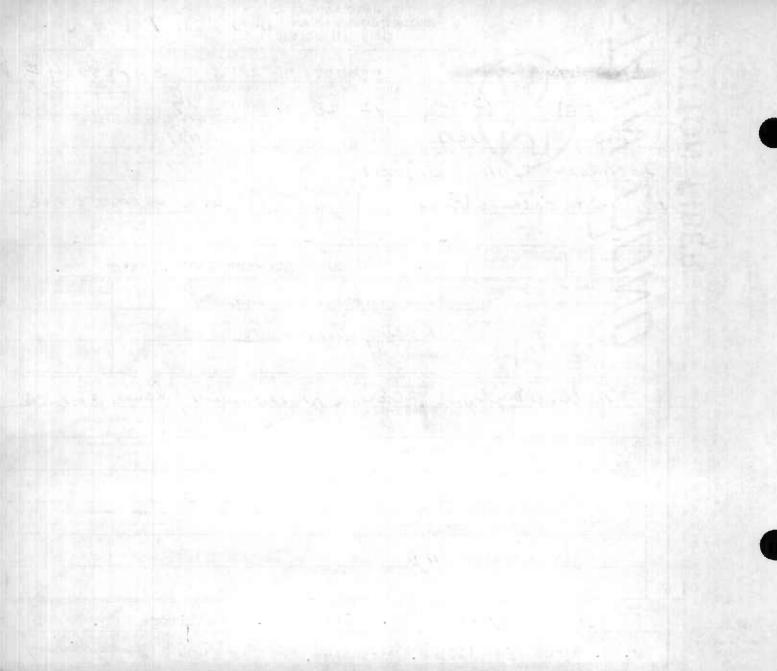
				STATE OF MARYLAND	and a		
~	1	FOR - STATE REGISTRAR	DEPAS	REPORT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO	071	8 8
USE)		CEASED NAME FIRST	MIDDLE	LAST	24 DATE OF DEATH	MONTH DAY YEAR	26 HOUR
Many		EDITH	BANE	STEWART	MARCH 16	1980	08.10
1000	3 SE	X	4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRT	HDAY) IF UNDER 1 YE.	AR IF UNDER 24 HR
nce.		FEMALE	WHITE	AUG. 24 1902	77	YRS.	YS HOURS MIN
ato		IRTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF WHAT COUNTR		9 BALTIMORE CITY O	R COUNTY OF DEATH	
275		PENNA.	U.S.A.	WIDOWED DIVORCED	BALTIMOR	F CITY	
87.7	10 C	ITY OR TOWN OF DEATH		SING HOME OR OTHER INSTITUTION	12e USUAL OCCUPATE	ON 126 KIND	OF BUSINESS
3 33	E	BALTO.		PKINS HOSPITAL	"HOUSEWIF	E WORKING LIFE) INDUSTI	KT
Ë -	USU	AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION, GIVE RESIDENCE BEI	ORE ADMISSION)	lu avers coores		
13		LIF.	SANTA MON		907 7th	ST	
E -	_	ATHER'S NAME		15 MOTHER'S MAIDEN NA	ME	01.	
1 \$33			MIDDLE LAST	FRS1	WIDDIE		LAST TO TO
1 be 2	16a V	JOHN WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SE	CURITY NO 17 INFORMANT	ADDRE		LER
F # 2		YES, NO OR UNKNOWN) (IF YES, GIVE	E WAR OR DATES)		TMM DIMM	C DA	
		NO			INC., PITT	D. PA.	(a) YEAR ALE IS HE DAVID
noval		PART I. DEATH WAS CAUSE	nly one cause per line for (a), (b) D BY.	and ich			OXIMATE INTERVAL EN ONSET AND DEA
ren		IMMEDIAT	TE CAUSE (o)	PEALLO OF MUES			35mm
	1	0360					
n, or raum		2377	DUE TO, OR AS A CONSEC	DUENCE OF			
her traum		Canditians, if any, which	- A - Co.	DUENCE OF			
cremation, or		Canditians, if any, which gave rise to immediate cause 101, stating the	- A - Co.				
, c.		Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost	DUE TO, OR AS A CONSECTION OF TO, OR AS A CONSECTION OF TO, OR AS A CONSECTION OF THE PROPERTY	DUENCE OF			
burial, cr njury, or	7	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost	DUE TO, OR AS A CONSECTION OF AS	DUENCE OF O DEATH BUT NOT RELATED TO THE TERM	0 0	DITION GIVEN IN PART	I(a)
ior to burial, cr	TION	Conditions, if any, which gove rise to immediate cause (a), stoting the underlying cause lost PART 2 OTHER SIGNIFICANT (DUE TO, OR AS A CONSECT (b) DUE TO, OR AS A CONSECT (c) CONDITIONS CONTRIBUTING TO UKE NOWE TOXICE	DUENCE OF O DEATH BUT NOT RELATED TO THE TERM INSECTION, Hy do cape	Ralus		
prior to burial, cr	ICATION	Conditions, if ony, which gove rise to immediate cause (a), stoting the underlying cause lost PART 2 OTHER SIGNIFICANT (Coma) 190 DATE OF OPERATION	DUE TO, OR AS A CONSECTION (b) DUE TO, OR AS A CONSECTION (c) CONDITIONS CONTRIBUTING TO CONDITIONS TO CONDITION FOR WHILE	DUENCE OF O DEATH BUT NOT RELATED TO THE TERM INCREMENTATION WAS PERFORMED CH OPERATION WAS PERFORMED	0 0	DITION GIVEN IN PART 200. IF YES, WERE FIN IN CERTIFYING CAUS	DINGS USED
prior to burial, cr	RTIFICATION	Conditions, if ony, which gove rise to immediate cause 101, stoting the underlying couse lost PART 2 OTHER SIGNIFICANT (Coma) 190 DATE OF OPERATION	DUE TO, OR AS A CONSECTION DUE TO, OR AS A CONSECTION (c) CONDITIONS CONTRIBUTING TO LYPING TO THE CONDITION FOR WHILE RECENTED	DUENCE OF O DEATH BUT NOT RELATED TO THE TERM INGENTIAL, Hy dro Ce pl CH OPERATION WAS PERFORMED MENT Pita, Fay Tumor	200 AUTOPSY? YES NO	20b. IF YES, WERE FIN IN CERTIFYING CAUS YES [DINGS USED SES OF DEATH? NO
prior to burial, cr	CERTIFICATION	Conditions, if any, which gove rise to immediate cause to is storing the underlying cause lost. PART 2 OTHER SIGNIFICANT (Coma 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	DUE TO, OR AS A CONSECTION (b) DUE TO, OR AS A CONSECTION (c) CONDITIONS CONTRIBUTING TO THE CONDITION FOR WHITE A CONDITION FOR WHITE 216, TIME OF INJURY	DUENCE OF O DEATH BUT NOT RELATED TO THE TERM INCENTION, Hy do cept CH OPERATION WAS PERFORMED MENT Lite, Key Tumor 1716 HOW INJURY OCCUR	200 AUTOPSY? YES NO	20b. IF YES, WERE FIN IN CERTIFYING CAUS YES [DINGS USED SES OF DEATH? NO
prior to burial, cr		Conditions, if ony, which gove rise to immediate cause 101, stoting the underlying couse lost PART 2 OTHER SIGNIFICANT (Coma) 190 DATE OF OPERATION	DUE TO, OR AS A CONSECTION DUE TO, OR AS A CONSECTION (c) CONDITIONS CONTRIBUTING TO INDUSTRIBUTION FOR WHITE PLANT TOTAL 196 CONDITION FOR WHITE PLANT AND THE OF INJURY HOUR A.M. MONTH	DUENCE OF O DEATH BUT NOT RELATED TO THE TERM INCENTION, Hy do cept CH OPERATION WAS PERFORMED MENT Lite, Key Tumor 1716 HOW INJURY OCCUR	200 AUTOPSY? YES NO	20b. IF YES, WERE FIN IN CERTIFYING CAUS YES [DINGS USED SES OF DEATH? NO
prior to burial, cr		Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost PART 2 OTHER SIGNIFICANT (OPART 2 190 DATE OF OPERATION 210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTHY MEDICAL EXAMINER) 216, INJURY OCCURRED	DUE TO, OR AS A CONSECTION DUE TO, OR AS A CONSECTION DUE TO, OR AS A CONSECTION ICT DUE TO, OR	DUENCE OF O DEATH BUT NOT RELATED TO THE TERM In Gentler, Hy dro Ce pt CH OPERATION WAS PERFORMED MANY Fith, Hary Tunner DAY YEAR 19 211 LOCATION	200 AUTOPSY? YES NO	20b. IF YES, WERE FIN IN CERTIFYING CAUS YES THE TEMPER TO PART 2	DINGS USED SES OF DEATH? NO
prior to burial, cr	MEDICAL CERTIFICATION	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost PART 2 OTHER SIGNIFICANT (Oma 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER)	DUE TO, OR AS A CONSECT (b) DUE TO, OR AS A CONSECT (c) CONDITIONS CONTRIBUTING TO USE NOW TOWN 196 CONDITION FOR WHITE P.M. 116. TIME OF INJURY HOUR A.M. MONTH P.M.	DUENCE OF O DEATH BUT NOT RELATED TO THE TERM In Gentler, Hy dro Ce pt CH OPERATION WAS PERFORMED MANY Fith, Hary Tunner DAY YEAR 19 211 LOCATION	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJUR	20b. IF YES, WERE FIN IN CERTIFYING CAUS YES THE TEMPER TO PART 2	DINGS USED SES OF DEATH? NO 21
prior to burial, cr		Canditions, if any, which gove rise to immediate cause 101, stoting the underlying cause lost PART 2 OTHER SIGNIFICANT (COMA 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (SETTIMER, NOTEY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOTWHILE AT WORK AT WORK 270.1 certify that [1] 37this haspi	DUE TO, OR AS A CONSECTION DUE TO, OR AS A CONSECTION CONDITIONS CONTRIBUTING TO THE CONDITION FOR WHITE CONDITION CONTRIBUTION CONTRIBUT	DUENCE OF O DEATH BUT NOT RELATED TO THE TERM THE GOVERNMENT AND CO. P. CH OPERATION WAS PERFORMED MANY FATA, FOUR TO MORE DAY YEAR 19 211 LOCATION STREET	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJUR	20b. IF YES, WERE FIN IN CERTIFYING CAUS YES THE TEMPER TO PART 2	DINGS USED SES OF DEATH? NO STATE
of Health and Mental Hygiene prior to burial, cr m 21 is marked or Item 18 shows any injury, or		Canditions, if any, which gove rise to immediate cause 101, stoting the underlying cause lost PART 2 OTHER SIGNIFICANT (COMA 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (SETTIMER, NOTEY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOTWHILE AT WORK AT WORK 270.1 certify that [1] 37this haspi	DUE TO, OR AS A CONSECTION DUE TO, OR AS A CONSECTION CONDITIONS CONTRIBUTING TO THE CONDITION FOR WHITE CONDITION CONTRIBUTION CONTRIBUT	DUENCE OF O DEATH BUT NOT RELATED TO THE TERM THE GOVERNMENT AND CO. P. CH OPERATION WAS PERFORMED MANY FATA, FOUR TO MORE DAY YEAR 19 211 LOCATION STREET	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJUR CITY OR TOW	20b. IF YES, WERE FIN IN CERTIFYING CAUS YES YES YIN ITEM 18, PART I OR PART 3	DINGS USED SES OF DEATH? NO STATE
of Health and Mental Hygiene prior to burial, cr m 21 is marked or Item 18 shows any injury, or		Canditions, if any, which gove rise to immediate cause 101, stoting the underlying cause lost PART 2 OTHER SIGNIFICANT (COMA 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (SETTIMER, NOTEY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOTWHILE AT WORK AT WORK 270.1 certify that [1] 37this haspi	DUE TO, OR AS A CONSECTION DUE TO, OR AS A CONSECTION CONDITIONS CONTRIBUTING TO THE CONDITION FOR WHITE PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICIAL OFFICE CONTRIBUTION OF THE CONT	DUENCE OF O DEATH BUT NOT RELATED TO THE TERM TO GESTIN, Hy dro ce pl CH OPERATION WAS PERFORMED MAY FAR 19 211 HOW INJURY OCCUR STREET 19 211 LOCATION STREET	ZOO AUTOPSY? YES NO RED (ENTER NATURE OF INJUR CITY OR TOW . to	20b. IF YES, WERE FIN IN CERTIFYING CAUS YES YES YIN ITEM 18, PART I OR PART 2 YOUNGTY 19 21c and hour and from 1	DINGS USED SES OF DEATH? NO STATE
Dept. of Health and Mental Hygiene prior to burial, cr If Item 21 is marked or Item 18 shows any injury, or		Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost PART 2 OTHER SIGNIFICANT (COMA) 190 DATE OF OPERATION 210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTHY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK 270. I certify that (II) This haspi saw the deceased alive an above, (II) (we) [diditional.	DUE TO, OR AS A CONSECTION DUE TO, OR AS A CONSECTION CONDITIONS CONTRIBUTING TO THE CONDITION FOR WHITE CONDITION CONTRIBUTION CONTRIBUT	DUENCE OF O DEATH BUT NOT RELATED TO THE TERM TO CECTION, Hy dro Cept CH OPERATION WAS PERFORMED MANY FLAT, Kay Tumor DAY YEAR 19 211 LOCATION STREET DEGREE ATTENDING	ZOO AUTOPSY? YES NO NO CITY OR TOW CITY OR TOW death accurred an the do	200. IF YES, WERE FIN IN CERTIFYING CAUS YES YES YES COUNTY TO COUNTY The and hour and from 1	DINGS USED SES OF DEATH? NO STATE , that (We) the causes stated
Dept. of Health and Mental Hygiene prior to burial, cr If Item 21 is marked or Item 18 shows any injury, or		Conditions, if any, which gove rise to immediate cause ioi, stating the underlying cause lost PART 2 OTHER SIGNIFICANT (PART 2 OTHER SIGNIFICANT (OP CONTRIBUTING CONCONTRIBUTING CONCONTRIBUTING CAUSE OF DEA (FEITHER, NOTHY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOTWHILE NOTWHILE AT WORK NOTWHILE NOTWHILE AT WORK NOTWHILE CONCONTRIBUTING CONCONTRIBUTING CAUSE OF DEA (220. I certify that [1] This haspi sow the deceased alive an obave. (I) (we) (did) (did-ne) 221. SIGNATURE	DUE TO, OR AS A CONSECT (b) DUE TO, OR AS A CONSECT (c) CONDITIONS CONTRIBUTING TO USE NOW, Truck 1196 CONDITION FOR WHIT ALTH HOUR A.M. MONTH P.M. 216 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE (c) (d) offended the deceased from 3 (16/80 T9) Herewith	DUENCE OF O DEATH BUT NOT RELATED TO THE TERM TO CECTION, Hy dro Cept CH OPERATION WAS PERFORMED MANY FLAT, Kay Tumor DAY YEAR 19 211 LOCATION STREET DEGREE ATTENDING	ZOO AUTOPSY? YES NO RED (ENTER NATURE OF INJUR CITY OR TOW . to	200. IF YES, WERE FIN IN CERTIFYING CAUS YES YES YES COUNTY TO COUNTY The and hour and from 1	DINGS USED SES OF DEATH? NO STATE , that (we)
the State Dept. of Health and Mental Hygiene prior to burial, or IRTANT: If Item 21 is marked or Item 18 shows any injury, or		Conditions, if any, which gove rise to immediate cause ioi, stating the underlying cause lost PART 2 OTHER SIGNIFICANT (PART 2 OTHER SIGNIFICANT (OP CONTRIBUTING CONCONTRIBUTING CONCONTRIBUTING CAUSE OF DEA (FEITHER, NOTHY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOTWHILE NOTWHILE AT WORK NOTWHILE NOTWHILE AT WORK NOTWHILE CONCONTRIBUTING CONCONTRIBUTING CAUSE OF DEA (220. I certify that [1] This haspi sow the deceased alive an obave. (I) (we) (did) (did-ne) 221. SIGNATURE	DUE TO, OR AS A CONSECT (b) DUE TO, OR AS A CONSECT (c) CONDITIONS CONTRIBUTING TO USE NOW, Truck 1196 CONDITION FOR WHIT ALTH HOUR A.M. MONTH P.M. 216 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE (c) (d) offended the deceased from 3 (16/80 T9) Herewith	DUENCE OF O DEATH BUT NOT RELATED TO THE TERM JAGGETTIN, Hy dro Ce, pl CH OPERATION WAS PERFORMED DAY YEAR 19 211 LOCATION STREET 19 O and that in (M) (aur) apinion DEGREE ATTENDING PHYSICIAN [220 ADDRESS	ZOO AUTOPSY? YES NO NO RED (ENTER NATURE OF INJURE CITY OR TOWN ACTION OF THE PHYSIC NATURE	200. IF YES, WERE FIN IN CERTIFYING CAUS YES YES YES COUNTY TO COUNTY The and hour and from 1	DINGS USED SES OF DEATH? NO STATE , that (we)
the State Dept. of Health and Mental Hygiene prior to burial, cr IRTANT: If Item 21 is marked or Item 18 shows any injury, or	MEDICAL	Conditions, if any, which gove rise to immediate cause to isolary the underlying couse lost to underlying couse lost. PART 2 OTHER SIGNIFICANT (COMA) 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (FETTHER, NOTEY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOTEY MEDICAL EXAMINER 27e. I certify that [1] This haspi sow the deceased alive an above, (1) (we) (did) (did) and 27b. SIGNATURE 27d. PHYSICIAN'S NAME (1) PEO	DUE TO, OR AS A CONSECTION (b) DUE TO, OR AS A CONSECTION (c) CONDITIONS CONTRIBUTING TO INDICATE THAT THAT THE CONDITION FOR WHITE 21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE (atla) attended the deceased from 3/16/80 THE VIEW THE BODY OFFICE APPRINT) APPRINT)	DUENCE OF O DEATH BUT NOT RELATED TO THE TERM THE GOLDING, HE GOLD CO. CH OPERATION WAS PERFORMED MAY YEAR 19 211 LOCATION STREET DEGREE ATTENDING PHYSICIAN [220 ADDRESS THA BELL THAT BELL THAT THE TERM TO DEGREE ATTENDING THAT BELL THAT BELL THAT THE TERM THAT THE THAT THE THAT THE THE THE THAT THE THAT THE THAT THE THE THAT THE THAT THE THAT THE THAT THE THAT THE THAT THE THAT THE THAT THE THAT	ZOO AUTOPSY? YES NO NO NOT NOT NOT NOT NOT NOT NOT NOT N	200. IF YES, WERE FIN IN CERTIFYING CAUS YES YES YES OTHER TO, PART I OR PART 2 TO COUNTY THE AND	DINGS USED SES OF DEATH? NO STATE , that (We) the causes stated ATE SIGNED
Dept. of Health and Mental Hygiene prior to burial, cr If Item 21 is marked or Item 18 shows any injury, or	WEDICAL WEDICAL	Conditions, if any, which gove rise to immediate cause ioi, stating the underlying cause lost PART 2 OTHER SIGNIFICANT (OPART 2 O	DUE TO, OR AS A CONSECTION DUE TO, OR AS A CONSECTION CONDITIONS CONTRIBUTING TO THE CONDITION FOR WHITE 196 CONDITION FOR WHITE ALL TIME OF INJURY HOUR A.M. MONTH P.M. 216 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE ALL TO TO THE CONDITION OF TH	DUENCE OF O DEATH BUT NOT RELATED TO THE TERM JAGGETTIN, Hy dro Ce, pl CH OPERATION WAS PERFORMED DAY YEAR 19 211 LOCATION STREET 19 O and that in (M) (aur) apinion DEGREE ATTENDING PHYSICIAN [220 ADDRESS	ZOO AUTOPSY? YES NO NO NOT TOWN CITY OR TOWN MEDICAL STAF DIRECTOR PHYSIC 234 LOCATION CITY OR TOWN P1 tt shill The shil	200. IF YES, WERE FIN IN CERTIFYING CAUS YES YES YES YES TO COUNTY THE ONLY THE OF PART 2 THE OTHER TO, PART 1 OR PART 2 THE OTHER TO, PART 3	DINGS USED SES OF DEATH? NO [] STATE , that [] (we) I the couses stated VIE SIGNED STATE

Menue of Jordans a Sons Co. . Language Landon to Sand



THE STREET STREET STREET MARKET TO THE TOTAL PROPERTY OF THE PROPERTY O And the state of t Fred Land Till Hold a World Down The

STATE OF MARYLAND



MARKET STATES THE PROPERTY OF THE PROPERTY O DOUBTO STATE STATE THE PURPLETER Control of the second s

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE REGISTRAR DECEASED NAME 20. DATE KNOWN ANTH (TYPE OR PRINT) ESTI-HARRTET R. DEATH MATED TE STIMSON 19 4 RACE 6 AGE (IN YEARS | IF UNDER 1 YR. YEAR DATE OF BIRTH IF UNDER 24 HRS SEX DATE 78 YRS. PRONOUNCED 1080 female white 12/4/01 Th. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE (STATE OR MARRIED NEVER MARRIED FOREIGN COUNTRY) Baltimore City TISA Ohio DIVORCED I CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS Ramb Lewood Rd. Baltimore Teacher Education BE USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13c CITY OR TOWN 136 INSIDE CITY LIMITS? 13e. STREET ADDRESS 3a. STATE 13b. COUNTY 1111 Ramblewood Baltimore Maryland YES X NO T 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE MIDDLE DIVISION OF VITA FIRST LAST FIRST Tuttle Stanley Christine Ramsev 17. INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 66 SOCIAL SECURITY NO PAGES (YES, NO, OR UNKNOWN) 07 4917 Earl Stimson. Jr. Same No APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH BURIAL-TRANSIT PERMIT. PART I DEATH WAS CAUSED BY-Intestinal obstruction IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. AND PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). CERTIFICATION 190. DATE OF OPERATION 20. AUTOPSY? 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? E 3 SHOULD BE US E DEPARTMENT OF PRIOR TO BURIAL, 9 YES NO P 71n EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH 21f. LOCATION 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME. AT WORK AT WHILE CTOFFI STATE STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY X 22a. I certify that I took charge of the remains described above, held on Autopsy Inspection Inquiry and in my opinion Natural causes X Accident Homicide Undetermined monner death resulted fram: TITLE (SPECIFY) ACTUAL Assistant DATE SIGNATURE 111 Penn St. Ann M. Dixon, M.D. PAG TO AF 23d. LOCATION 230 BURIAL CREMATION REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY STATE COUNTY Burial Woodlawn Woodlawn. Md 250. DATE REC'D. BY REGISTRAR 24. FUNERAL DIRECTOR Henry W. Jenkins & Sons Co. **DHMH-17** VR A15 ME (5)) Balto., Md. 4905 York Road 21212 15M7/76

SE OTHER SEE SUBSET OF - STATE

(VR A 15 (4))

REGISTRAR

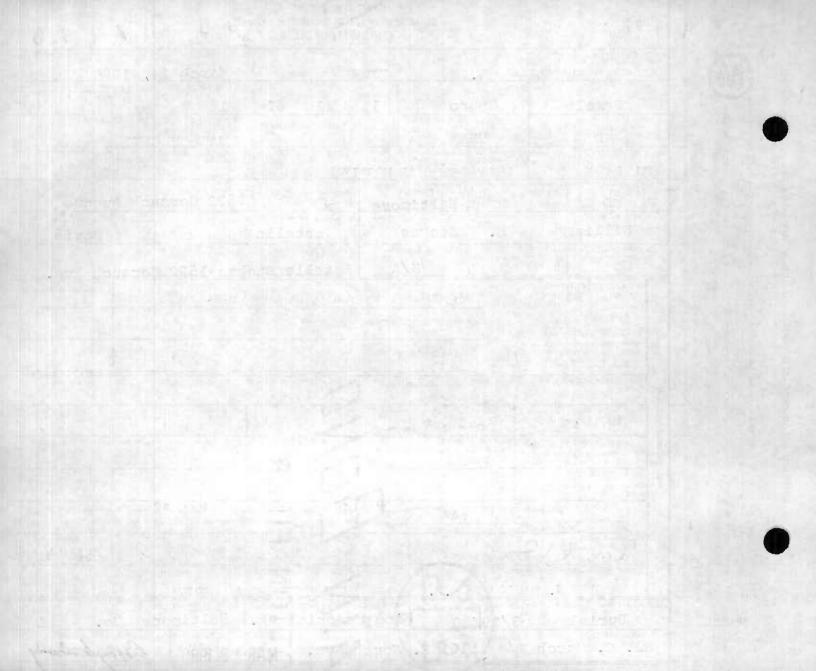
DECEASED NAME

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES

CERTIFICATE OF DEATH

REG. NO

2n DATE OF DEATH



+	#		FOR STATE REGISTRAR		м	DEPARTA	MENT OF	HEALTH		ENTAL	200	3 6	O NO	7 1	9	4
	SE. S.S.S.	1. DE	CEASED NAMI	First Matt		MIDDLE			Stol			20. DATE KN	IOWN D		DAY YE.	AR 26 HOUR
	PLEASE DIFECTOR. DU FILES. OURS SIREET,		male	black	5. DATE OF BIRT	05	6 AGE (IN YE. LAST BIRTHD.	AY) MONT		IF UNDER	R 24 HRS.	2c. DATE PRONOUNCE DEAD	D	3 2	29 ,80	147
•	Z Z Z Z Z Z Z	FC	IRTHPLACE (S) PREIGN COUNTRY)	VA		SA		WIDOW		DIVORC	CED 🗆		imore	City	7	MD.
	F ANY DELAY IS NE AND 3 TO THE FU AND 3 TO THE FU AND 9 THE FU AND 10 BE FILED WRECORDS 301 W	Ва	1timore			Edmon	dson A	venue	er institu e	ITION	12a. USL	JAL OCCUPAT MOST OF WORKIN	TION (TYPE O	DF WORK	2b. KIND OF OR IND	F BUSINESS USTRY
21201	ESTH. IF ANY DE	130. S	MD	13b. COUP	OR OTHER INSTITUTION. NTY	13c. CITY	OR TOWN 1 timo		13d. INSIDE (NO 🗆	103		onds	on A	venu	e
MD.	FER DEATH.		ATHER'S NAME	DEVER IN U.S. AR	MIDDLE		LAST	V.NO.		ER'S MAIDI		MIDD	ADDRESS	E.	Tayl	or
BALTIMORE,	URS AFTER DE 8. GIVE PAGE WITH FORM PAGES 1 AN DIVISION OF	100 Y	res, no, or unkno No	WN) (IF YES, GIVE	WAR OR DATES)		N/A	Y NO.		rge	Quee	7.00	2 Edi	mond		Ave.
PRESTON ST., I	DN ST., 24 HOU TEM 18 ONG V PERMIT.		PARTIDE	ATH WAS CAUSE	TE CAUSE (0)		sclero		cardi	ovasci	ular	diseas	е		BETWEEN	INSET AND DEATH
301 W. PRES	PENCH XAMINE XAMINE AL-TRANS MENTAL		gove ri	is, if any, which e to immediate stating the <u>under</u> se lost.	(b)	OR AS A CON	ISEQUENCE (OF								
	UNID BE EXECU- "PENDING" IN HEF MEDICAL E SED AS A BURI F HEALTH AND CREMATION, O	NO	PART 2 DTHER SI	GNIFICANT CONDITIONS	CONTRIBUTING TO DEA	TH BUT NOT RELA				N GIVEN IN PA	ART 1 (a),					
ITAL RE	WORD "PER CHIEF ALE CHIEF	CERTIFICATION	19a. DATE OF	OPERATION	19b. CON	DITION FOR	WHICH OPER	ATION W	AS PERFOR	RMED?					20. AUTOR	
DIVISION OF VITAL RECORDS,	THE OULT OUT THE TO BE TO BE	CAL CER	UNDERLYING CONTRIBUTION	IG CAUSE OF	DEATH P	OF INJURY L.M. MONTH	19	21c. HC	OW INJURY	OCCURRE	ED (ENTER)	NATURE OF INJURY	Y IN ITEM 18 PAI	RT 1 OR PART	2)	
DIVISI	IER: THIS CERTI ATE, WRITING FORWARDED 1 DR: PAGE 3 SH HE STATE DEPA D, 21201 PRIOR	MEDICAL	21d. INJURY C WHILE AT WORK	CCURRED NOT WHILE [AT WORK		E OF INJURY ACTORY, FARM, E			CATION			CITY OR TOWN		COUN	iŢY	STATE
•	TO MEDICAL EXAMINER: THIS EXECUTE THE CERTIFICATE, WR PAGE 4 SHOULD BE FORWAR TO FUNER DIRECTOR: PAGE AFTER DEATH, WITH THE STATE BALTIMORE, MARYLAND, 21201			y that I took chor	ge of the remoins of trol couses (CX)	Accident		Autop	, Hami	Inspection cide, SPECIFY) istan	Undet	Inquiry Cermined monn	er,	in my opin	3/3	80/80
	MEDICA GE 4 SH GE 4 SH FUNERA TER DEAT		EXAMINER'S (TYPE OR PRI	IT) Hor	mez R. G				ADDRESS_		Penn	Stree				1201
1601	BP	(SPECIFY)	ial	23b. DATE 4/4/80		ing M			Park	Be	CATION ORIGINAL TEGISTRAR		COUNTY	. M	ID STATE
10/	DHMH - 17 (VR A15 ME (5)) 30M 7/73		51444E	March	F/H 11	:01 E.	Nort	h Av	ve.		PR	7 1980	J.	17	Mil	wdy

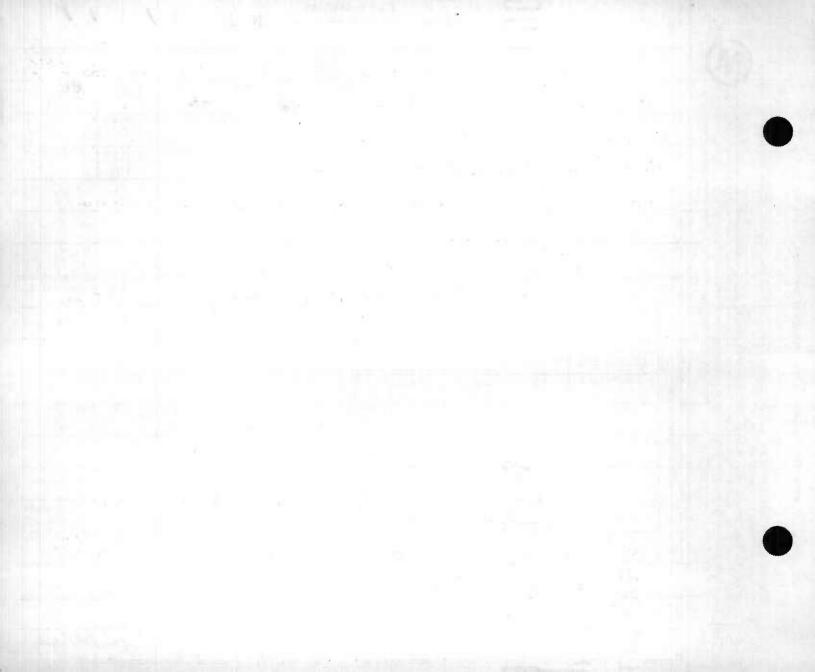
WEST AND BUT OF THE STATE OF TH

JAMES JA	STATE REGINAL REGINA		STATE OF MARYLAND	
REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. DECEASED NAME FIRST MARCH DAY TEAM	DECEASED NAME 1831		DEPARTMENT OF HEALTH AND MENTAL HYGIENI	07195
DATE STOKES JAMES	DECEASED NAME TREE MORE LOST DEATH MARIED 3 4 160			H REG NO
JAMES JA	JAMES JA		SED NAME (ASI	
3 SEX	DATE OF BIRTH TARK BOTHS BO	(TYPE O		OF ESTI-
MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED SALTIMORE CITY OR COUNTY OF DEATH Baltimore City NAME OF DEATH NAME OF HOSPITAL, NURSING HOME OF ON THE INSTITUTION NEVER MARRIED NEVER MARRIED NEVER MARRIED SALTIMORE CITY OR COUNTY OF DEATH Baltimore City NAME OF HOSPITAL, NURSING HOME OF ON THE INSTITUTION NAME OF HOSPITAL, NURSING HOME OF ON THE INSTITUTION NAME OF HOSPITAL, NURSING HOME OF ON THE INSTITUTION NAME OF HOSPITAL, NURSING HOME OF ON THE INSTITUTION NAME OF HOSPITAL, NURSING HOME OF ON THE INSTITUTION NAME OF HOSPITAL, NURSING HOME OF ON THE INSTITUTION NAME OF HOSPITAL, NURSING HOME OF ON THE INSTITUTION NAME OF HOSPITAL, NURSING HOME OF ON THE INSTITUTION NAME OF HOSPITAL, NURSING HOME OF WORKEN, USE OF HOME OF WORK OF HOME OF WORKEN, USE OF HOME OF WORK OF HOM	MORITO DATE MARRIED MARY MORITO DATE MARRIED M	2 SEV		- 3 4 100 1
The Brithprace (STATE OF MATERIAL PROFESSION COUNTRY) The Brithprace (STATE OF WHAT COUNTRY) The Brithprace (STAT	THE ATHER'S NAME SALE ALLE OF DEATH 11. NAME OF HOSPITAL, NUESHING HOME, OR OTHER INSTITUTION 12. SUBJAL OCCUPATION 170 OF 100M 170	D. SEA	MONTH DAY YEAR LAST BIRTHDAY) MONTHS DAYS HOURS MIN P	ONOUNCED
36. CHIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED DIVORCED Baltimore City	ma]	e black / 20 75 5 yrs.	DEAD 3 4 1980
10 CITY OR TOWN OF DEATH 11. NAME OF POSTIGLA IN USING HOME, OR OTHER INSTITUTION 170 CONTRIBUTION (TYPE OF WORK 170 KIND OF BUSINESS OR INDUSTRY 170 CONTRIBUTION (TYPE OF WORK 170 KIND OF BUSINESS OR INDUSTRY 17	ID. CITY OR TOWN OF DEATH		PLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY?	BALTIMORE CITY OR COUNTY OF DEATH
Baltimore USUAL RESIDENCE (IF INNURSING HOME OR CHEE INSTITUTION GREEN CORRESSON) 138 STATE 138 STATE 139 STATE 130 STATE 130 STATE 131 MAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 132 STATE 133 STATE 134 COUNTY 135 STATE 135 STATE 136 WAS DECEASED EVER IN U.S. ARMED FORCES? 145 SOCIAL SECURITY NO. 146 WAS DECEASED EVER IN U.S. ARMED FORCES? 147 SOCIAL SECURITY NO. 156 WAS DECEASED EVER IN U.S. ARMED FORCES? 157 SOCIAL SECURITY NO. 158 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) 159 PART I DEATH WAS CAUSED BY: 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 160 SOCIAL SECURITY NO. 178 PART I DEATH WAS CAUSED BY: 178 MADDIATE CAUSE (b) 178 DOOR AS A CONSEQUENCE OF 178 OF DEATH (Enter only one cause per line for (b), (b), and (c).) 178 DATE OF OPERATION 179 CONSTRUCTING 170 DUE TO, OR AS A CONSEQUENCE OF 178 OF DEATH (ENTER ONLY IN U.S. ARMED FORCES) 178 DATE OF OPERATION 179 CONSTRUCTING 170 CONSTRUCTION 170 CONSTR	BE CHY OR TOWN OF DEATH BATTIMORE 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12. LOST 13. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 13. NO. NO. NO. NO. NO. NO. NO. NO. NO. NO		The Mp 4.S. A WIDOWED DIVORCED TO	Baltimore City
Baltimore USUAL RESIDENCE (IF INFORMANT OR CONTINUE ON OTHER INSTITUTION). GIVE RESIDENCE BEFORE ADMISSION) 139. STATE 130. COUNTY 131. FATHER'S NAME 131. COUNTY 134. FATHER'S NAME 135. MODE 136. STATE 137. MODE 137. MODE 138. STREET ADDRESS 139. STREET ADDRESS 139. STREET ADDRESS 140. STREET ADDRESS 155. MOTHER'S MAIDEN NAME 155. MOTHER'S MAIDEN NAME 168. WAS DECEASED EVER IN U.S. ARMED FORCES? (IVES, NO. OR QUENNOWN) 189. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) 19. MAEDIATE CAUSE (a) 19. DUE TO, OR AS A CONSEQUENCE OF 190. AUTOPSY? 190. AUTOPSY? 190. AUTOPSY? 190. AUTOPSY? 190. AUTOPSY? 190. STREET ADDRESS 190. MODE 190. AUTOPSY? 190.	Baltimore USUAL RESIDENCE IF IN NUTSIAND HOME OF THE SOFT CONTROL OF EXPOSENCE BIONE ADMISSION) 136 STATE 136 COUNTY 137 ATTERNAL CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) 14. FATHER'S NAME 15. COUNTY 15. MODIFER'S MADDEN NAME 16. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SUAL SECRETORY 16. (c), (b), and (c).) 17. CONTROL OF CONT			
USUAL RESIDENCE (IF INURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 134 STATE 136 COUNTY 136 COUNTY 136 COUNTY 136 COUNTY 136 COUNTY 137 INFORMANT 137 INFORMANT 138 STREET ADDRESS YES \(\text{I NO } \text{I NO } \text{I AND } \text{I AST} 139 ANTE FRIST 14 FATHER'S NAME FIRST 15 MOTHER'S MAIDEN NAME FIRST 16 WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO. OR QUENOWN) 16 WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO. OR QUENOWN) 16 WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO. OR QUENOWN) 17 INFORMANT ADDRESS MRS SHELIAH J. STOKES FOOD LADRADO AU APPROXIMATE INTERVAL BETWEEN ONSET AND DEA 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: Bronch pneumonia DUE TO, OR AS A CONSEQUENCE OF (c) TOWN OF CONTRIBUTIONS CONTRIBUTIONS TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE DE CONDITION GIVEN IN PART I (a). 190 DATE OF OPERATION 190 DATE OF OPERATION 190 CONDITION FOR WHICH OPERATION WAS PERFORMED? 210 EXTERNAL CAUSE WAS 210 TIME OF INJURY HOUR A.M. MONTH DAY YEAR CONTRIBUTING OR CAUSE OF DEATH P.M. 211 LICET OF CATION 212 INJURY OF CURRED CAUSE OF PART 1 OR PART 2) 114 LICET OF CATION 215 LINEAGE FOR INJURY HOUR A.M. MONTH DAY YEAR CONTRIBUTING CAUSE OF DEATH P.M. 216 LINEAGE FOR INJURY AND THE HOUR AND MONTH DAY YEAR P.M. 217 LINEAGE FOR INJURY AND THE LICET OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 218 LINEAGE FOR INJURY OF CAUSE OF PART 1 OR PART 2) 119 LICET OF CATAON 211 LINEAGE FOR INJURY AND THE CAUSE OF PART 1 OR PART 2) 110 LICET OF CALLED INJURY OF THE LICET OF INJURY AND THE LICET OF INJURY OF THE LICET OF T	USUAL RESIDENCE (# INVESTIGATION ONE OR OTHER PASTITUTION, OINT RESIDENCE BEFORE ADMASSON) 139 STATE 130 COUNTY 130 COUNT)	FOR M	ST OF WORKING LIFE) OR INDUSTRY
136 STATE 136 COUNTY 136 COUNTY 136 COUNTY 136 COUNTY 136 INSDECTIFY LIMITS? 136 INSDECTIFY LIMITS? 136 INSDECTIFY ADDRESS 136 INSDECTIFY LIMITS? 136 INSDECTIFY ADDRESS 136 I	136 STATE 136 COUNTY 136 COUNTY 136 STREET ADDRESS 136 STATE 136 STREET ADDRESS 136 STATE 136 STREET ADDRESS 136 STATE		altimore	14120
18 FATHER'S NAME STOSKES SR STOSKES	14 FATHERS NAME			ADDRESS
15. MOTHER'S MAIDEN NAME SHELIAH 16. WAS DECEASED EVER IN U. S. ARMED FORCES? (16. SOCIAL SECURITY NO. NON-2 MARS SHELIAH 18. CAUSE OF DEATH (Enfer only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a) stating the under-lying cause lost. (c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE DR CONDITION GIVEN IN PART I (a). 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 21c. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE DR CONDITION GIVEN IN PART I (a). 21c. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING TO PART I DEATH BUT NOT PART I	I. FATHER'S NAME	MA		
16. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (YES, NO. OR UNKNOWN) 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (b) Conditions, if ony, which gove rise to immediate couse (o) stating the under-lying cause lost. (c) PART 2 OTHER SIGNIFICANT (DNDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE DR CONDITION GIVEN IN PART I (a). 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 21c. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING TO DEATH BUT NOT PEAR I (a). 21c. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING TO DEATH BUT NOT PEAR I (a). 21c. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING TO PART I (b). IN THE PART I OR PART I O	Ide WAS DECEASED EVER IN U. S. ARMED FORCES? (19.5. NO. OR GUNCHOWN) 18 YES, GIVE WAS CRONTES) 16 NO. OR GUNCHOWN) 18 YES, GIVE WAS CRONTES) 16 NO. OR GUNCHOWN) 18 YES, GIVE WAS CRONTES) 16 NO. OR GUNCHOWN) 18 YES, GIVE WAS CRONTES) 16 NO. OR GUNCHOWN) 18 YES, GIVE WAS CRONTES) 16 NO. OR GUNCHOWN) 18 YES, GIVE WAS CRONTES) 16 NO. OR GUNCHOWN) 18 NO. OR GUNCHOWN) 18 YES, GIVE WAS CRONTES) 18 NO. OR GUNCHOWN) 18 NO. OR GUNCHOWN 19 NO. OR AS A CONSEQUENCE OF 19	14 FATE		
166. WAS DECEASED EVER IN U.S. ARMED FORCES? (IF YES, OR OR SHOWN) 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (b) DUE TO, OR AS A CONSEQUENCE OF Governse to immediate cause (a) stating the underlying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE DR CONDITION GIVEN IN PART 1 (a). PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE DR CONDITION GIVEN IN PART 1 (a). 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 21c. EXTERNAL CAUSE WAS UNDERLYING OR CAUSE OF DEATH HOUR AM. MONTH DAY YEAR CONTRIBUTING OR CAUSE OF DEATH HOUR AM. MONTH DAY YEAR CONTRIBUTING CAUSE OF DEATH HOUR AM. MONTH DAY YEAR CONTRIBUTING CAUSE OF DEATH HOUR AM. MONTH DAY YEAR CONTRIBUTING CAUSE OF DEATH HOUR AM. MONTH DAY YEAR CONTRIBUTING CAUSE OF DEATH HOUR AM. MONTH DAY YEAR CONTRIBUTING CAUSE OF DEATH HOUR AM. MONTH DAY YEAR CONTRIBUTING CAUSE OF DEATH HOUR AM. MONTH DAY YEAR CONTRIBUTING CAUSE OF DEATH HOUR AM. MONTH DAY YEAR CONTRIBUTING CAUSE OF DEATH HOUR AM. MONTH DAY YEAR CONTRIBUTING CAUSE OF DEATH HOUR AM. MONTH DAY YEAR CONTRIBUTING CAUSE OF DEATH HOUR AM. MONTH DAY YEAR CONTRIBUTING CAUSE OF DEATH HOUR AM. MONTH DAY YEAR CONTRIBUTING CAUSE OF DEATH HOUR AM. MONTH DAY YEAR CONTRIBUTING CAUSE OF DEATH HOUR AM. MONTH DAY YEAR CONTRIBUTING CAUSE OF DEATH HOUR AM. MONTH DAY YEAR CONTRIBUTING CAUSE OF DEATH HOUR AM. MONTH DAY YEAR CONTRIBUTION CAUSE OF DEATH HOUR AM. MONTH DAY YEAR CONTRIBUTION CAUSE OF DEATH HOUR AM. MONTH DAY YEAR CONTRIBUTION CAUSE OF DEATH HOUR AM. MONTH DAY YEAR CONTRIBUTION CAUSE OF DEATH HOUR AM. MONTH DAY YEAR CONTRIBUTION CAUSE OF DEATH HOUR AM. MONTH DAY YEAR CONTRIBUTION CAUSE OF DEATH HOUR AM. MONTH DAY YEAR CONTRIBUTION CAUSE OF DEATH HOUR AM. MONTH DAY YEAR CONTRIBUTION CAUSE OF DEATH HOUR AM. MONTH DAY YEAR CONTRIBUTION CAUSE OF DEATH HOUR AM. HOUR AM. HOUR AM. HOUR AM. HOUR AM. HOUR AM. HO	186 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS 187 18	0.10	Act to Contract the	
Types, No. or Usernown Ciff Yes, Give war or dates) Non-2 Non-	If YES, NO, OR USENOWN) If YES, GIVE WAR OR DATES NON-RECEIVED NO NO-RECEIVED NO NOR-RECEIVED NO NOR-RECEIVE	IM WA		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (b) DUE TO, OR AS A CONSEQUENCE OF Outer of the underlying cause lost. (c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE DR CONDITION GIVEN IN PART 1 (a). 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 21a. EXTERNAL CAUSE WAS UNDERLYING OR OR 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR CONTRIBUTING OR 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) OUTER OF OPERATION 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) OUTER OF OPERATION 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) OUTER OF OPERATION 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) OUTER OF OPERATION 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) OUTER OF OPERATION 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) OUTER OF OPERATION 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) OUTER OF OPERATION 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Bronch preumonia Conditions, if ony, which gove rise in immediate couse (o) stating the under-lying couse lost. (b) DUE TO, OR AS A CONSEQUENCE OF Uping couse lost. (c) DUE TO, OR AS A CONSEQUENCE OF Uping couse lost. (c) DUE TO, OR AS A CONSEQUENCE OF Iga. DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED? 210 AUTOP YES PUNDERLYING OR CONTRIBUTING OR CONTRIBUTION	(YES.)	1. OR UNKNOWN) (IF YES, GIVE WAR OR DATES)	
PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bronch pneumonia Due to, or as a consequence of Conditions, if ony, which gove rise to immediate cause (a) stating the under- lying cause lost. PART 2 01HER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE DR (ONDITION GIVEN IN PART 1 (a)). 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 21a. EXTERNAL CAUSE WAS UNDERLYING OR UNDERLYING OR CONTRIBUTING OR CONTRIBUTING OAUSE OF DEATH P.M. 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR CONTRIBUTING CAUSE OF DEATH P.M. 21b. LICE OF INJURY HOUR A.M. MONTH DAY YEAR CONTRIBUTING CAUSE OF DEATH P.M. 21c. HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 11d. INJURY OCCURRED 21d. INJURY OCCURRED 21d. PLACE OF INJURY 11d. INJURY OCCURRED 21d. INJ	PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bronch preumonia DUE TO, OR AS A CONSEQUENCE OF		IVC MRS SHELIAH J	STUKES YOUGHLOORADO!
IMMEDIATE CAUSE (a) Bronch pneumonia DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a) stating the underlying cause lost. (b) DUE TO, OR AS A CONSEQUENCE OF (c) PART 2 OTHER SIGNIFICANT (DNDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE DR CONDITION GIVEN IN PART 1 (a). 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 21a. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING OR CONTRIBUTING OR 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR CONTRIBUTING OR CONTRIBUTING OR 21c. AUTOPSY? HOUR A.M. MONTH DAY YEAR 19c. AUTOPSY? HOUR A.M. MONTH DAY YEAR CONTRIBUTING OR CONTRIBUTING OR CONTRIBUTING OR CONTRIBUTING OR 21c. AUTOPSY? YES NO 21d. HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 10c. AUTOPSY? YES NO 21d. HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)	MARCHAR CAUSEU BY: IMMEDIATE CAUSE (o) Bronch pneumonia	11	CAUSE OF DEATH (Enter only ane cause per line for (a), (b), and (c).)	APPROXIMATE INTE
DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a) stating the under- lying cause lost. DUE TO, OR AS A CONSEQUENCE OF (c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE DR CONDITION GIVEN IN PART 1 (a). 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 21a. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING OR CONTRIBUTING OR CONTRIBUTING CAUSE OF DEATH P.M. 19 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 21d. INJURY OCCURRED 21e. PLACE OF INJURY 19 AUTOMA 19 AUTOMA 19 21c. HOW INJURY OCCURRED 21e. PLACE OF INJURY 11e. AUTOMA 21f. LOCATION	DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a) stating the under- lying cause lost (c) PART 2 DIHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE DR CONDITION GIVEN IN PART 1 (a). 190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED? 210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING OR CONTRIBUTING OR CONTRIBUTING CAUSE OF DEATH P.M. 19 21d. INJURY OCCURRED WHILE AT WORK 21e PLACE OF INJURY (AT HOME. STREET, FACTORY, FARM, ETC.) 21e PLACE OF INJURY (AT HOME. STREET, FACTORY, FARM, ETC.) 21e TO OR TOWN COUNTY ACTUAL ACTUAL EXAMINER'S NAME Margarita A. Korell, M.D. ADDRESS. ADDRESS. 111 PennStreet	1.3	KYONONEDOUMONED	BETWEEN ONSET AND
Conditions, if ony, which gove rise to immediate cause (a) stating the under-lying cause lost. DUE TO, OR AS A CONSEQUENCE OF (c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE DR CONDITION GIVEN IN PART 1 (a). 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 21a. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING OR CONTRIBUTING CAUSE OF DEATH P.M. 19 21c. HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 10d. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 19 21d. INJURY OCCURRED 21	Conditions, if ony, which gove rise to immediate couse (a) stating the underlying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE DR (ONDITION GIVEN IN PART 1 (a). PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE DR (ONDITION GIVEN IN PART 1 (a). PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE DR (ONDITION GIVEN IN PART 1 (a). PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE DR (ONDITION GIVEN IN PART 1 (a). PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE DR (ONDITION GIVEN IN PART 1 (a). PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE DR (ONDITION GIVEN IN PART 1 (a). PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE TERMINAL DISEASE DR (ONDITION GIVEN IN PART 1 (a). PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE TERMINAL DISEASE DR (ONDITION GIVEN IN PART 1 (a). PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE TERMINAL DISEASE DR (ONDITION GIVEN IN PART 1 (a). PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE TERMINAL DISEASE DR (ONDITION GIVEN IN PART 1 (a). PART 2 OTHER SIGNIFICANT CONDITION TO THE TERMINAL DISEASE DR (ONDITION GIVEN IN PART 1 (a). PART 2 OTHER SIGNIFICANT CONTRIBUTION TO THE TERMINAL DISEASE DR (ONDITION GIVEN IN PART 1 (a). PART 2 OTHER SIGNIFICANT CONDITION TO THE TERMINAL DISEASE DR (ONDITION GIVEN IN PART 1 (a). PART 2 OTHER SIGNIFICANT CONDITION TO THE TERMINAL DISEASE DR (ONDITION GIVEN IN PART 1 (a). PART 2 OTHER SIGNIFICANT CONDITION TO THE TERMINAL DISEASE DR (ONDITION GIVEN IN PART 1 (a). PART 2 OTHER SIGNIFICANT CONDITION TO THE TERMINAL DISEASE DR (ONDITION TO THE TERMINAL DISEASE DR (ONDIT		INVINEDIATE CAUSE (0)	
gove rise to immediate couse (a) stating the under- lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE DR CONDITION GIVEN IN PART 1 (a). 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 21a. EXTERNAL CAUSE WAS UNDERLYING OR HOUR A.M. MONTH DAY YEAR CONTRIBUTING OR CAUSE OF DEATH P.M. 19 21c. HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 21d. INJURY OCCURRED 21d. INJURY OCCURRED 21d. PLACE OF INJURY P.M. 19	Gove rise to immediate couse (a) stating the under- lying cause lost. PART 2 DIHER SIGNIFICANT (DNDI)110NS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE DR CONDITION GIVEN IN PART 1 (a). PART 2 DIHER SIGNIFICANT (DNDI)110NS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE DR CONDITION GIVEN IN PART 1 (a). 19a. DATE OF OPERATION	17		
Section Sect	STREET CITY OR FORM PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE DR CONDITION GIVEN IN PART 1 (a). PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE DR CONDITION GIVEN IN PART 1 (a). 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 21b. TIME OF INJURY YEAR 21c. HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN HEM 18 PART 1 OR PART 2) YES EVEN TO CONTRIBUTING OR CONTRIBUTING OR CONTRIBUTING CAUSE OF DEATH P.M. 19 19c. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (ATHOME. STREET CITY OR TOWN COUNTY AT WORK ACCIDENT ACCIDENT ASSISTANT MEDICAL EXAMINER DATE SIGNED 3-4 SIGNATURE AND COUNTY ADDRESS ADD	1 1		
19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES NO 21a. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING OR CONTRIBUTING OR AMMONTH DAY YEAR 19 21c. HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 10c. AUTOPSY? YES NO 21d. HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 21a. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTION OCCURRED UNDERLYING OR CONTRIBUTION COUNTY 21d. INJURY OCCURRED WHILE NOT WHILE STREET, FACTORY, FARM, ETC.) 21e. PLACE OF INJURY (ATHOME, STREET, FACTORY, FARM, ETC.) 22e. I certify that I took charge of the remains described above, held an death resulted from: Natural causes X Accident On Suicide On the suici			
19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES NO 21a. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING OR CONTRIBUTING OR AMMONTH DAY YEAR 19 21c. HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 10c. AUTOPSY? YES NO 21d. HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 21a. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 19 21d. INJURY OCCURRED WHILE NOT WHILE STREET, FACTORY, FARM, ETC.) 21e. PLACE OF INJURY (ATHOME. STREET, FACTORY, FARM, ETC.) 22e. I certify that I took charge of the remains described above, held an death resulted from: Natural causes XX Accident Not while Indicate		(c)	
UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 19 214 INJURY OCCURRED 216 PLACE OF INJURY AND SERVICES	UNDERLYING OR OUNTRIBUTING CAUSE OF DEATH P.M. 19 21d. INJURY OCCURRED WHILE NOT WHILE STREET, FACTORY, FARM, ETC.) 22e. I certify that I took charge of the remains described above, held on death resulted from: Natural couses X Accident Sicilated, Suicide White Signature Assistant Medical Examiner Date Signature EXAMINER'S NAME Margarita A. Korell, M.D. ADDRESS UNDERLYING OR PLANT SIGNATURE 21d. INJURY OCCURRED WHILE NOT WHILE SIREET, FACTORY, FARM, ETC.) 21e. PLACE OF INJURY (AT HOME. SIREET CITY OR TOWN COUNTY Authorized P.M. D. TITLE (SPECIFY) ASSISTANT MEDICAL EXAMINER SIGNED 3-4 EXAMINER'S NAME Margarita A. Korell, M.D. ADDRESS		2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).	
UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 19 214 INJURY OCCURRED 216 PLACE OF INJURY AND SERVICES	UNDERLYING OR COUNTRIBUTING CAUSE OF DEATH P.M. 19 21d. INJURY OCCURRED WHILE NOT WHILE STREET, FACTORY, FARM, ETC.) 22e. I certify that I took charge of the remains described above, held on death resulted from: Natural causes XX Accident , Suicide , Hamicide , Undetermined manner , ACTUAL SIGNATURE MARGAITTEA A. Kore 11, M.D. EXAMINER'S NAME Margarita A. Kore 11, M.D. ADDRESS UNDERLYING OR PLANT TEAR 21f. LOCATION STREET CITY OR TOWN COUNTY CITY OR TOWN COUNTY A Hamicide . Undetermined manner TITLE (SPECIFY) ASSISTANT MEDICAL EXAMINER SIGNED 3-4 EXAMINER'S NAME Margarita A. Kore 11, M.D. ADDRESS	ō		
UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 19 214 INJURY OCCURRED 216 PLACE OF INJURY AND SERVICES	UNDERLYING OR ONTRIBUTING CAUSE OF DEATH P.M. 19 21d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 22e. I certify that I took charge of the remains described above, held on death resulted from: Natural couses Accident ACTUAL SIGNATURE EXAMINER'S NAME Margarita A.Korell, M.D. Natural couses Margarita A.Korell, M.D. ADDRESS 111 PennStreet	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 19 214 INJURY OCCURRED 216 PLACE OF INJURY AND SERVICES	UNDERLYING OR ONTRIBUTING CAUSE OF DEATH P.M. 19 21d. INJURY OCCURRED WHILE NOT WHILE STREET, FACTORY, FARM, ETC.) 22e. I certify that I took charge of the remains described above, held on death resulted from: Natural couses XX Accident , Suicide , Hamicide , Undetermined manner , ACTUAL SIGNATURE EXAMINER'S NAME Margarita A. Korell, M.D. Margarita A. Korell, M.D. ADDRESS ADDRESS ADDRESS ADDRESS	三		VEC KI N
UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 19 214 INJURY OCCURRED 216 PLACE OF INJURY AND SERVICES	UNDERLYING OR ONTRIBUTING CAUSE OF DEATH P.M. 19 21d. INJURY OCCURRED WHILE NOT WHILE STREET, FACTORY, FARM, ETC.) 22e. I certify that I took charge of the remains described above, held on death resulted from: Natural couses Accident , Suicide , Hamicide , Undetermined manner , ACTUAL SIGNATURE MARGENIA A. Korell, M.D. EXAMINER'S NAME Margarita A. Korell, M.D. ADDRESS 111 PennStreet	21	EXTERNAL CAUSE WAS 216. TIME OF INJURY 216 HOW INJURY OCCUPPED SENTERNI	
CONTRIBUTING CAUSE OF DEATH P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME. 21f. LOCATION WHILE NOT WHILE AT WORK AT WORK STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE	AT WORK AT WORK 220. I certify that I took charge of the remains described above, held on death resulted from: Natural Courses X Accident , Suicide , Hamicide , Undetermined manner , ACTUAL SIGNATURE		DERLYING OR HOUR A.M. MONTH DAY YEAR	THE PERSON OF TH
ZIE INJURY OCCURRED ZIE PLACE OF INJURY (AT HOME. ZIE LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE AT WORK AT WORK	AT WORK 228. I certify that I took charge of the remains described above, held an Autopsy XX Inspection . Inquiry . and in my opinion death resulted from: Natural couses XX Accident . Suicide . Hamicide . Undetermined manner . ACTUAL SIGNATURE . MEDICAL EXAMINER . SIGNED	0 0		
AT WORK AT WORK	AT WORK 228. I certify that I took charge of the remains described above, held an Autopsy XX Inspection . Inquiry . and in my opinion death resulted from: Natural couses XX Accident . Suicide . Hamicide . Undetermined manner . ACTUAL SIGNATURE . MEDICAL EXAMINER . SIGNED	AE ST	TIPJURY OCCURRED THE PLACE OF INJURY (ATHOME, 1211 LOCATION STREET STREET) STREET, FACTORY, FARM, ETC.)	ITY OR TOWN COUNTY
	220. I certify that I took charge of the remains described above, held on Autopsy XX Inspection , Inquiry , and in my opinion death resulted from: Natural couses XX Accident , Suicide , Hamicide , Undetermined manner , ACTUAL SIGNATURE MEDICAL EXAMINER SIGNED 3-4 EXAMINER'S NAME Margarita A. Korell, M.D. ADDRESS ADDRESS	A	WORK AT WORK	CONTI
	ACTUAL SIGNATURE MARGARITHA A. Korell, M.D. ADDRESS 111 PennStreet ACTUAL SIGNATURE MARGARITHA MAR			Inquiry L, and in my opinion
	Actual Signature Margarita A. Korell, M.D. Assistant Medical Examiner Signed 3-4 EXAMINER'S NAME Margarita A. Korell, M.D. Address 111 PennStreet Address 111 PennStreet	1	ath resulted from: Natural causes Accident , Suicide , Hamicide , Undeter	nined manner,
	Assistant Medical Examiner Date Signed 3-4 EXAMINER'S NAME Margarita A. Korell, M.D. Address 111 PennStreet Address 111 PennStreet		TITLE (SPECIFY)	
death resulted from: Natural couses XX Accident , Suicide , Hamicide , Undetermined manner ,	EXAMINER'S NAME Margarita A.Korell, M.D. 111 PennStreet		NAL Assistant	
death resulted from: Natural couses XX Accident , Suicide , Hamicide , Undetermined manner , ACTUAL ACCIDENT DATE 3-4-80	(TYPE OR PRINT)ADDRESS			
death resulted from: Natural couses XX Accident , Suicide , Hamicide , Undetermined manner , ACTUAL SIGNATURE		EX	MINER'S NAME Margarita A. Korell, M.D. 111 PennS	reet
death resulted from: Natural couses XX Accident , Suicide , Hamicide , Undetermined manner , ACTUAL SIGNATURE	173 NAME OF CEMETERS OF CREATION 173 TO LOCATION			
death resulted from: Natural causes X Accident , Suicide , Hamicide , Undetermined manner , ACTUAL SIGNATURE	LAY OR TOWN COUNTY	Jergo.	TO GO ON MATERIAL COLOR	TOWN COUNTY STATE
death resulted from. Natural couses Accident , Suicide , Hamicide , Undetermined manner , ACTUAL SIGNATURE	BURIAL 3-8-80 MTAUBURN CEM BAKTIMORE COUNTY MO 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR'S SIGNATURE	_		

7.1 DATE OF THE PROPERTY OF THE PARTY OF THE PAR Pinc of Farm

1.1	-	TATE		DEPART		EALTH AN		IYGIENE +	07	1 0	4
1'	R	EGISTRAR		MEDICALE	XAMINI	R'S CERT	IFICATE C	F DEATH	REG. NO.	1 7	0
		- HOLD LAWIE	FIRST	WIDDLE		LAST		2a. DATE KN		H DAY	YEAR 2b. HO
(TYPE	OR PRINT)	AMES	۷.		STOK	LEY	OF E DEATH M.	SII-	4 19	80
	EX	4. RACE	S D	ONTH DAY YEAR	6. AGE (IN YEAR LAST BIRTHDAY		YR. IF UNDER	MIN PRONOUNCE	D 2		YEAR 24 HQ
-	al		ro	10-12-04	7.5 YR	5.		DEAD	3		g D
70.	FORE	THPLACE (STATE OR IGN COUNTRY)	/6 (CITIZEN OF WHAT COUN	RY?	MARRIED [NEVER MARR	IED 9. BALTIMOR	ECITY OR COU	INTY OF DE	TH
		Md.		U.D. H.		WIDOWED C			more Ci		
10.	CIT	OR TOWN OF DEATH		NAME OF HOSPITAL, NUR		OR OTHER IN:	STITUTION	12a USUAL OCCUPAT			OF BUSINESS
		Baltimore		Lutheran Hos							
	. ST		COUNTY	ER INSTITUTION, GIVE RESIDENCE	OR TOWN		ISIDE CITY LIMITS?	13e. STREET ADDRESS		1 0-	,
		140,		B	9670			111111111111111111111111111111111111111	PICKER	5/	
14.	FAT	HER'S NAME FIRST	MID	DOLE	AST	15. M	OTHER'S MAIDE	N NAME MIDDLE	E	LAS	ī
L		LORENZO	5	1 ULLY				9ESA			
160	(YES	AS DECEASED EVER IN (S. ARMED	OR DATES)	IAL SECURITY		FORMANT	6	ADDRESS		ERWA
				218-	03-96	35 1	RONE S	STOKLEY	. Sr	ME	H. G.
	1	CAUSE OF DEATH (E	nter only on	e cause per line lor (o), (b),	ond (c).)	-		/		APPRO	DXIMATE INTERVAL N ONSET AND DEA
		PART I DEATH WAS	MEDIATE CA	AUSE (a) Arterio	sclero	tic car	diovasc	ular diseas	e	DETIVE	TOTAL AND DEA
П	1	4292	(DUE TO, OR AS A CON					F 11 141		
		Conditions, if ony, gove rise to imm		(b)							
		couse (o) stating the		DUE TO, OR AS A CON	SEQUENCE O	F					127
1		lying couse lost.		(c)				A			
	1	PART 2 OTHER SIGNIFICANT COM	OITIONS CONTR	IBUTING TO DEATH BUT NOT RELAT	EO TO THE TERMIN	IAL DISEASE OR CO	NOITION GIVEN IN PA	RT 1 (a).	4		
Z											
TA		90. DATE OF OPERATIO	N	19b. CONDITION FOR V	VHICH OPERA	TION WAS PE	RFORMED?	-		20. AUT	OPSY?
H										YES	O NO E
CERTIFICATION	4	10. EXTERNAL CAUSE V	/AS	21b. TIME OF INJURY		21c. HOW IN	JURY OCCURRE	D (ENTER NATURE OF INJURY	IN ITEM 18 PART 1 OR		
		UNDERLYING OR	SE OF DEAT	HOUR A.M. MONTH P.M.	DAY YEAR						
MEDICAL		Id. INJURY OCCURRED		21e PLACE OF INJURY	(AT HOME,	21f. LOCATIO	N				
A		WHILE D NOT WH	ILE 🗆	STREET, FACTORY, FARM, ET	C.)	STREET		CITY OR TOWN		COUNTY	STAT
	1	AT WORK					1	TY	7		
		22a. I certify that I too	k charge of t	the remains described abov	e, held on	Autopsy	, Inspectio	Inquiry L	, and in my	opinion	
		deoth resulted from:	Natural ca	Accident	, Suic	ide 🔲 , 🗆	Homicide	Undetermined manne	er L,		
		ACTUAL ().	1/	200			TLE (SPECIFY)				F 00
-		SIGNATURE DIG	ma Z	Dolon		M.DA	ssistan	T MEDICAL EXAMINI	ER SIG	NED_3-	5-80
1		XAMINER'S NAME T	7	4- T D-3-	34 D		~ ~ ~	D (1)			
		TYPE OR PRINT)	ırgın	ia L. Dolan,	M.D.	ADDR	ESSLL_	Penn St.			
230	BU	RIAL, CREMATION, REMO	OVAL 23b. D	/ /	AME OF CEM	ETERY OR CRE	MATORY	23d. LOCATION CITY OR TOWN	349	DUNTY	STATE
	1	SURIAL	3	10/80 No	SW CI	ATHE18	2A/	BALT	0. 1	ld.	
24.		NERAL DIRECTOR		ADDRESS			25a. DATE	REC'D. BY REGISTRAR	150 BEGLISTRAR'S	SSGNATUR	de
11		PUDN BAI	LSV	1348 CA	LHOUR	151.	MAK	1 0 1980	holled	7 000 80	1

STATE OF MARTLAND



March 20, 1940 1:00	derd	, II BD	le et
	1:01 26, 128	E MI	Fer. 18.
id agosisso x		• • • • • •	Hallton, other
Commiss Vacasion	indieso interes	analyzak	aromisiaE
36 S. Chrism Street	Train promit	\$08 are and \$10 are	.ba 2773
nie Hertz	Maria da	7330	brupub'a
A. Strib- la . Curt-Wistman	CONTRACTOR	-015	
Moral Co. Moral Co. Moral Co.	, 2 3 14	·	
in income faculty agreement	0/0		Description of the last of the
tory Pallicane, Manuford		08/17=/4	
		the same and	

Glen Burnie. Md.

(VR A 15 (4))

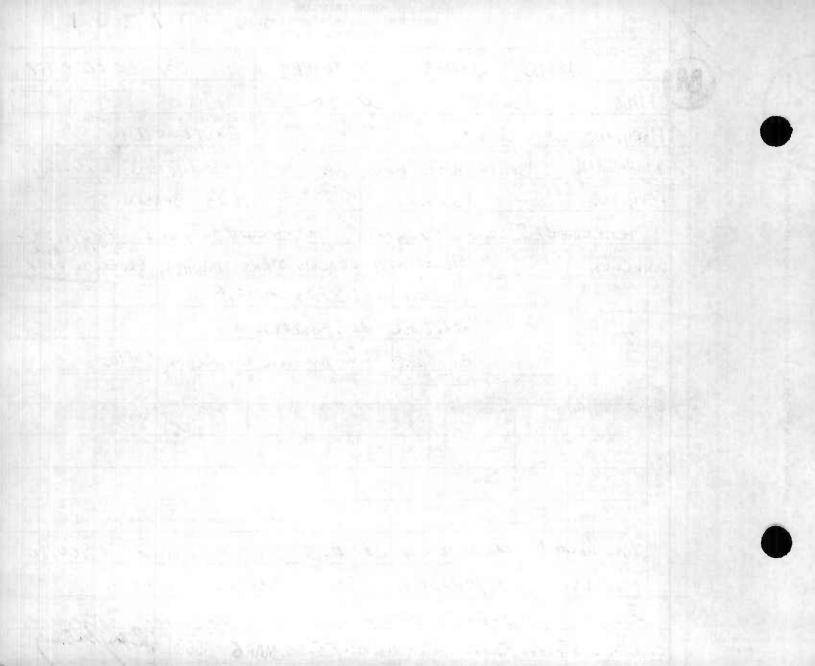
Raymond C. Fink

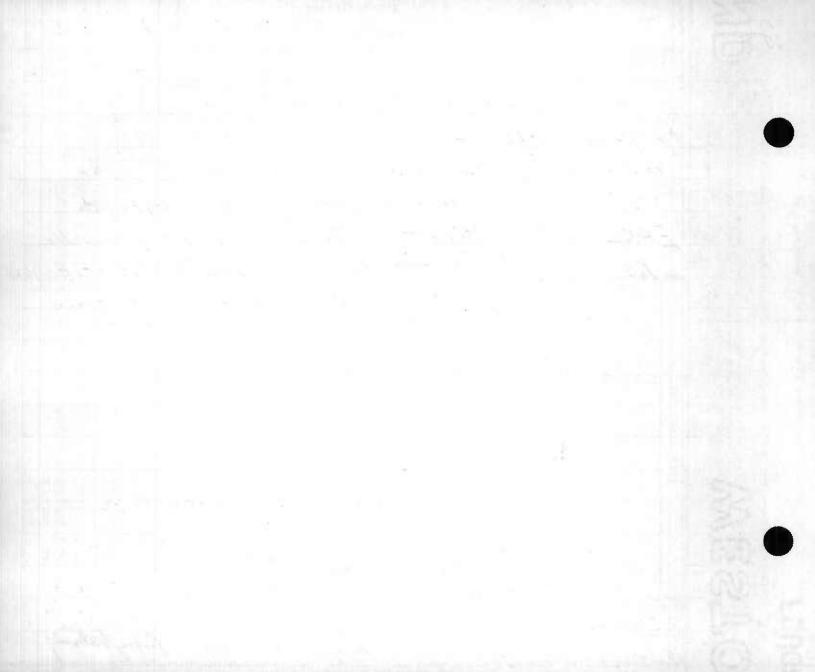
STATE OF MARYLAND

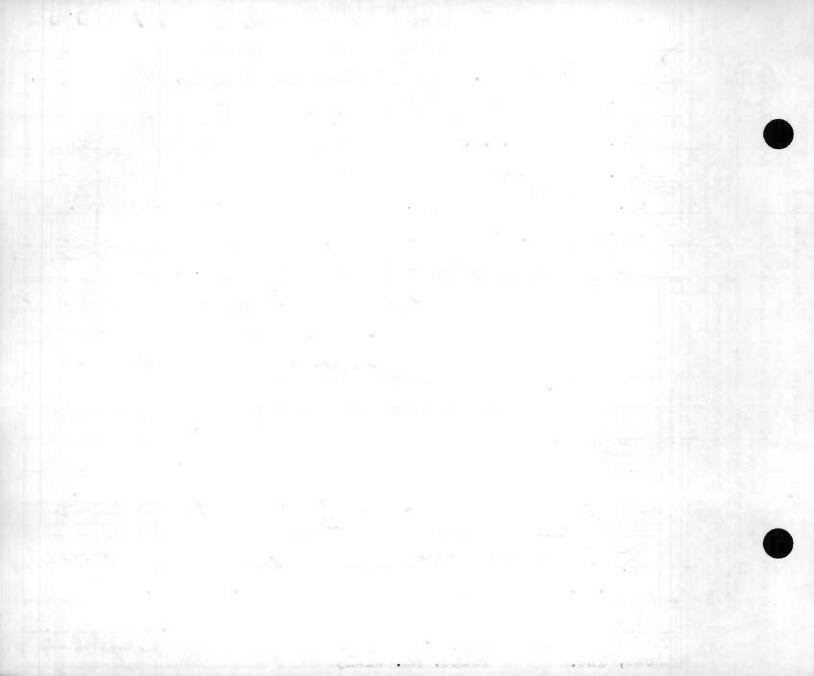
Lamant variable tot THE THE THE STATE CALL BUILDING ever's as acsa | Lounda . 5 Place of T to J . Part of the state Raymond C. Mark Glen Sirrake. Mc. . Sanamak

STATE OF MARYLAND

The state of the s and his THE RESERVE OF THE PERSON OF T







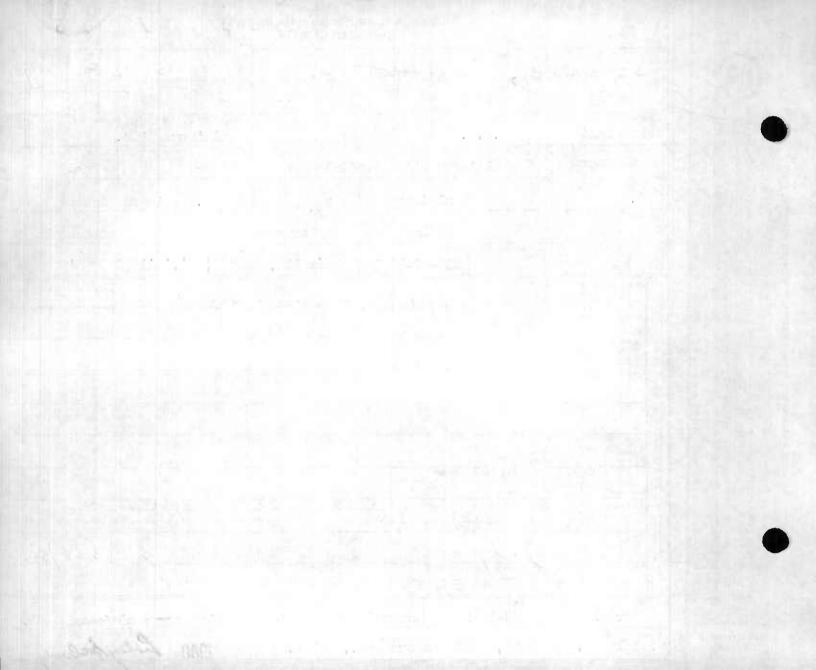
				STATE OF MARYLAND		
\sim	1-	FOR STATE REGISTRAR	DEPARTI	MENT OF HEALTH AND MENTAL HYD CERTIFICATE OF DEATH	REG. NO.	7204
		CEASED NAME FIRST	MIDDLE	LAST	28 DATE OF DEATH MONTH	DAY YEAR 2b. HOUR
ре ф.	(TYPE	GEORGE	WILLIAM	SWEENEY. JR.	3	26 80 9:15
A 100 00 00 00 00 00 00 00 00 00 00 00 00	3 SE		4 RACE	5 DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
Ge Ge		MATE	TaT	MONTH DAY YEAR	75' 405	MONTHS DAYS HOURS MIN
A V E	7a. BI	RTHPLACE (STATE OR FOREIGN	7h CITIZEN OF WHAT COUNTRY?		9 BALTIMORE CITY OR COUN	TY OF DEATH
16 183	C	DUNTRY) VA .	U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTO.	CITY .
by the fed with	10 C	BALTO.	III. NAME OF HOSPITAL, NURSIN	ADDRESS) ADDRESS)	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING SALES	WEI INDUSTRY TIRED
d be fill		AL RESIDENCE IN NURSING HOME OF		N 134 INSIDE CITY LIMITS?	13. STREET ADDRESS	AVE
ithin houl	14 F4	THER'S NAME	LTO. CATONSV	15. MOTHER'S MAIDEN NA	ME EDITOR D	SON AVE.
ed w		FIRST	MIDDLE CHICKET	150 FAST 1	WIDDLE	LAST
Som som	140 1	VAS DECEASED EVER IN U.S. AR	MED ECOCESS IN SOCIAL SEC	RITY NO. 17 INFORMANT	ADDRESS	OFFIRS
e be exe			EWAR OR DATES) 216-09	4490 TANE C. Su	VEENEY SAM	ME ZIZZA
sicia sers. val.		IS CAUSE OF DEATH (Enter or	nly one couse per line for (o), (b), an	dies ,	, ,	APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
phy pap emo		PART I. DEATH WAS CAUSE	TE CAUSE (0) ROYM	ratory fail	ere.	
ding ding or r		496-	DUE TO, OR AS A CONSEQUE	ENICE OF		
e des tren tron,		Conditions, if any, which		ecoration of severe	COPD.	
t the a mov erna othe		gove rise to immediate cause (a), stating the				
by the series of		underlying couse last.	DUE TO, OR AS A CONSEQUE	ENCE OF		STATE AND A
quire gned plea buria buria		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	AIN AL DISEASE OF CONDITION O	IVEN IN PART I(n)
v req	Z		logel - S7. C	ell Cer. of 8pin,	ASMO- RBBB	
s bee law prior	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED		ES, WERE FINDINGS USED
	띮					TIFYING CAUSES OF DEATH? YES \(\bigcap \text{NO} \(\bigcap \)
PHYSICIAN: The globysician. This certificate ha urial-transit perm Mental Hygiene d or Item 18 sho	ER	216 ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	121c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 1	
PHYSICIAN ng physician. this certificat urial-transit p Mental Hygind or I tem 18		OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH D.	AY YEAR		
PHYSIN ng phys this cert urial-tre	MEDICAL	1 IF EITHER, NOTIFY MEDICAL EXAMINER) 214. INJURY OCCURRED	P.M. 21s PLACE OF INJURY	19 ZII LOCATION		
After the burth and Marked	¥		(AT HOME, STREET, FACTORY, OFFICE, I		CITY OR TOWN	COUNTY STATE
NOIP atter as th alth a		AT WORK AT WORK				
or or or so			ital) attended the deceased fram_	3-95-1980	, to	, 19_00, that (I) (we) i
AT Dital		saw the deceased alive on obave, (1) (we) (did) (did no	3-2.6- 19	and that in (my) (aur) opinian	death accurred an the date and h	our and from the causes stated
AL OR AT the hospital AL OIRECT tached for the Dept. of Tr. If Item 2		226. SIGNATURE	11 / 0	DEGREE		221. DATE SIGNED
TAL the AAL stack ore D		Men	Kurum que	PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	
SPITAL by the JERAL e deta e deta TANT:		224. PHYSICIAN'S NAME (TYPE C	R PRINT)	1220 ADDRESS		
TO HOSPITAL retained by the TO FUNERAL should be detac with the State		PREM	K. GULATI	ST. AGNO	es Hosl.	
F 2 F 5 3 S	23a 1	SURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY SINE
BP	1	SURIAL	3-29-80 Kg	SEHILL CEM.	HAGERS TOU	W MD.
DHMH-16 25M	24. FI	INERAL DIRECTOR	ADDRESS	25e. DA	E REC'D. BY REGISTRAR 256. REGI	STRAR'S SIGNATURE

16 LOSA BATTE OTH CHLTU ST HELES HOUSE SALES KETTER MD TEACHE COMMENTE - THE COMMENT OF AND CANA GEC U SELECTEY SE LULA No Strand True C. Janes & Strang Strang THE STATE STATE OF STATE OF STATE STATE STATE STATE OF STATE STATE

/		- 1		STATE OF MARYLAND		
2	2		FOR 1 - STATE	DEPARTMENT OF HEALTH AND MENTAL HYG	IN A	7 9 0 5
18	7		REGISTRAR	CERTIFICATE OF DEATH	REG NO.	. 0 7
			DECEASED NAME FIRST	MIDDLE LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
pe	7.5		(TYPE OR PRINT)	CRICE	3 -	22 - 80 745AM
à à	DOG CIPE		SYLVESTE	R. GRICE 14 RACE 15 DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER YEAR IF UNDER 24 HRS
4	13	10	11.10	MONTH DAY YEAR	56	MONTHS DAYS HOURS MIN
ade	31		a BIRTHPLACE ISTATE OR FOREIGN	Boack 19 17 23	TK.	
- E		8	COUNTRY)	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUN	
dea	3 3 5	36	loiner, MIK	WIDOWED DIVORCED	BALTIMORE C	MD.
te	11 1	111	BALTIMORE	11. NAME OF OSPITAL, NURSING HOME OR OTHER INSTITUTION UNTON "MEMORIAT" HOSPITAL	120 USUAL OCCUPATION 1TYPE OF WORK FOR MOST OF WORKING	126 KIND OF BUSINESS OR INDUSTRY
201 Jrs o	49 11	7			7	
) 21 hou	77 2	20	30. STATE 1 13b COU	ROTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) NTY 131 CITY OR TOWN 13d INSIDE CITY LIMITS?	13e. STREET ADDRESS	01
AN 2	hauf mil	0	Mel	Bato YES NO	103E, 300	24
RYL	etel)	1	4 FATHER'S NAME	MIDDLE & LAST IS MOTHER'S MAIDEN NAME OF THE PROPERTY OF THE P		TAST
A N	Jan 3	10	Amos (Mary Mary	CY	roweler '
RE,	and co	1	60 WAS DECEASED EVER IN U.S. AT	RMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT	ADDRESS	
IMOR	Pag	/	485 IN	Will 286-32-2081 latherine	Grice 703	530th ST
ALT fe b	pers.	1	CAUSE OF DEATH (Enter o	nly one couse per line for (a), (b), and (c)	<u> </u>	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	Phy may ent,		PART I. DEATH WAS CAUSI	ED BY	110 mar 0,010)
N Signal	rboi rrej		477 IMMEDIA		Tre Print Cough	
ESTO:	e ca		Conditional	DUE TO, OR AS A CONSEQUENCE OF		
PRESTON	may natic		Conditions, if any, which gave rise to immediate	(b)		
¥ ‡	by th use re crer ather		couse (a), stating the underlying couse last	DUE TO, OR AS A CONSEQUENCE OF		
201 es th	ed be		DADTO OTHER CICALIFICANT	(c)		
S is	sign hen ia bu			CONDITIONS <u>CONTRIBUTING TO DEATH</u> BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION	SIVEN IN PART 110
RECORD law requ	it. T		190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a AUTOPSY? 20b IF	YES, WERE FINDINGS USED
REG lay	n. perm ne pr	7		178. CONDITION ON WHICH OF ENATION WAS PERFORMED	INCER	RTIFYING CAUSES OF DEATH?
TAL	icia icia iste iste iste sha	4	210. ACCIDENT WAS UNDERLYING	☐ 216. TIME OF INJURY 216. HOW INJURY OCCURE	YES NO	YES NO
Z X	troi troi troi 18	-3	OR CONTRIBUTING CAUSE OF OF		RED (ENTER NATURE OF INJURY IN ITEM	.8, PART I OR PART 2)
0 2 0	ding ph is certif burial-t Mental ar Item		(IF EITHER, NOTIFY MEDICAL EXAMINER			
SIO	r this the bu		(IF EITHER, NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
DIVISION OF VIT	fter os that that		WHILE NOT WHILE AT WORK		1.2	041
END OF	DR: A		27x 1 certify that (1) This hasp	3157		, 19 80 , that (I) (we) lost
ATTE	RECTO red for rpt of l		sow the deceased office or obove, (Life) (did) and no	ond that in (my cour) or nion of	death occurred on the date and I	nour and from the causes stated
O. S.			226. SIGNALDIII	DEGREE		224. DATE SIGNED
AL 0			Osans	Cuanto de partinologian [MEDICAL STAFF DIRECTOR PHYSICIAN	
SPIT	NER be c e Str		22d PHYSICIAN'S NAME (TYPE	OR PRINT) 22e ADDRESS	THE WORLD BY	
9	TO FUNERAL should be detrement with the State		D/	HE WIS UNION MEMO	RIAL HOSPITAL	
5	should should limbe		30 BURIAL CREMATION, REMOVAL		23d LOCATION	100
3904	BP		Busial	3/28/80 St. Marks Cometer	U Chalferd	Ark
1 /	1 - 16 60M 1/75		4 FUNERAL DIRECTOR	250. DATI	E REC'D. BY REGISTRAR 256 BE	STRAR'S SYNAME
	R A 15 (4))	1	harrest Powell	19/4 31971. Schroeder St MAR	3 1 1980	Man Marson

WITH RESIDENCE TO THE PARTY OF THE THE BOAT IN THE SHIPE THE BOAT IN Annes Leuce Cxcheles 448 IN WILL STO DE POLICE SHE COVER SEE 35 35 5 Box of 180 St. Nants Control Challend A CONTROL OF BEING AND THE STATE OF THE STAT

		STATE OF MARYLAND	
N	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	YEJENE () (0 7 2 0 6
	1 DECEASED NAME FIRST (TYPE OR PRINT)	MIDDLE LAST	20 DATE OF DEATH MONTH DAY YEAR 26 HOUR
NAS.	SZYMANS	KI. MARGARET M.	3 28 80 701 Pm
W.	3. SEX Female	White S. DATE OF BIRTH MONTH GAY YEAR 8 11	6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN
deoth. Parameter of the	78 BIRTHPLACE (STATE OR FOREIGN COLINTRY) Maryland	U.S.A. **MARRIED NEVER MARRIED WIDOWED** DIVORCED	Baltimore City MD.
by the full filled with filled with	Baltimore	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (LE NOUNSUCH FACILITY, GIVE, STREET ADDRESS) Baltimore City Hospitals	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Waitress 120. KIND OF BUSINESS OR INDUSTRY Food
BATTIMORE, MARYLAND 2120 cote be executed within 24 hours systicion and completely filled in by apers. Pages 1 and 2 should be fille wol it, the medical confinentwat begin	Md.	AE OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) OUNTY 134. CITY OR TOWN Baltimore YES NO	272 S. Robinson Street
marking ompletely to ongletely to ongletely the confiner of th	14 FATHER'S NAME John	Teller Marian	ne Stachorowska
IIMORE.	160 WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) (IF YES,	ARMED FORCES? 16b SOCIAL SECURITY NO. 213-01-4901 Mrs. Trene Box 312,	Fulton, ROFF.D 21838 Route 1,
201 W. PRESTON ST., es that the death certific ned by the attending ph please remove carbon p urial, cremotion, or remo	PART I. DEATH WAS CA IMMEI Goditions, if any, which gave rise to immediate couse (a), stating the underlying couse last. PART 2 OTHER SIGNIFICAT	DIATE CAUSE (a) respiratory + landia DUE TO, OR AS A CONSEQUENCE OF (b) acut inferior M DUE TO, OR AS A CONSEQUENCE OF	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH RMINAL DISEASE OR CONDITION GIVEN IN PART 110
At RECORI	190 DATE OF OPERATION 210, ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO YES NO
ION OF VITA HYSICIAN: T ading physici his certificate burial-transi J Mental Hygi or Item 18 sh	OR CONTRIBUTING CAUSE OF	FDEATH HOUR A.M. MONTH DAY YEAR	JRRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)
DIVISION DING PHYS or other this of the burning of	OR CONTROL INDUITY MEDICAL EXAMI	214 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 211 LOCATION STREET	CITY OR TOWN COUNTY STATE
TTENDI pital or TOR: A for use of Heal	saw the deceased alive	ospital) attended the deceased from 3/27, 19 & e an 3/24 19 & 2 and that in (my) (our) apinic	n death accurred on the date and have and Iram the causes stated
OR he ho DIRE ochee	22b. SIGNATURE	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN 3/28/80
TO HOSPITAL TO FUNERAL should be det with the State	122d. PHYSICIAN'S NAME IN	DABEZIES BARLTO	city Itosp
102 BP	230. BURIAL, CREMATION, REMOVE (SPECIFY) Burial	val 23b. date 23c. Name of Cemetery or Cremator 4-1-80 Sacred Heart of Jes	CITY OR TOWN COUNTY STATE
DHMH - 16 60M 1/75	24 FUNERAL DIRECTOR	ADDRESS 250. D	ATE REC'D. BY REGISTRAR 251. RESISTRAR'S SKINATURE
(VR A 15 (4))	Nicholas T. Mat	thews. 3021 Eastern Ave. Balto. A	DD 9 1000 Links And

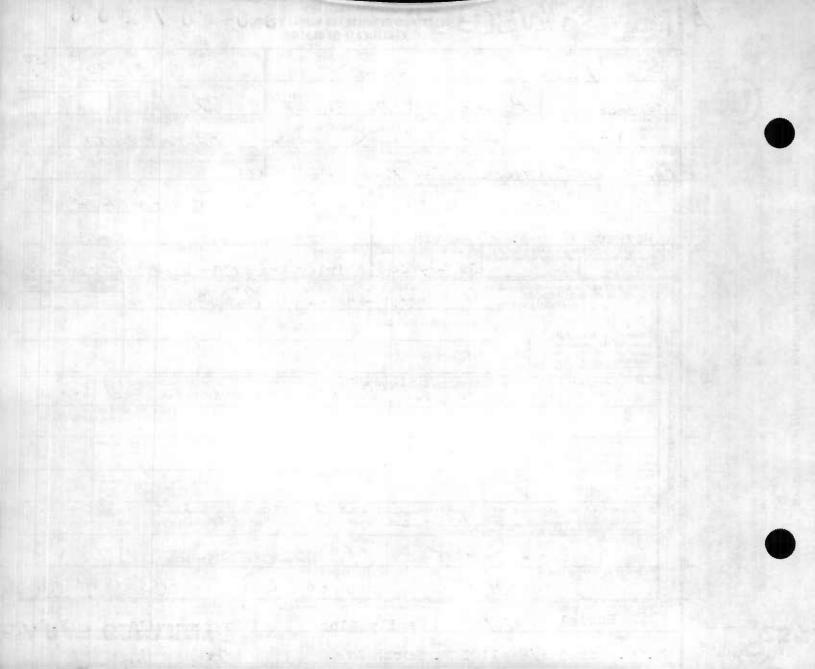


21201

John L. Penton Leafer Center . I mint

STEPART A 10. De 10. De 10 centra centra de 201 de 100 de

CENCLED



	1						MARYLAN						
	1-	FOR STATE			EPARTMENT O				DEATH	0 7	20) 9	
) DE	REGISTRAR	FIRST	MEE	MIDDLE	IIVEK 3	LAST	AILOIL		REG. NO.	MONTH D	DAY YEAR	7b. HOUR
S FOR YOUR FILES. WITHIN 72 HOURS V. PRESTON STREET,		E OR PRINT)	Harry	r	E.	T	aylor		Ur Ur	ESTI- MATED		2519 80	A. HOOR
SINEE	3. SE	(1 RACE	5 DATE OF BIRTH		N YEARS IF UI	NDER 1 YR.	IF UNDER 24 I	HRS. 2c. DATE			DAY YEAR	2d HOUR 8:45P
	Ma	le	White	Apr 19,	1899 80	YRS. MON	HS DAYS	HOURS MI	N. PRONOUN DEAD		3 2	25 19 80	8:45P
1		RTHPLACE (ST		76. CITIZEN OF WH		8. MARE	IED NEV	ER MARRIED	9. BALTIM	ORE CITY OR	COUNTY	OF DEATH	
-				U.S		WIDO		DIVORCED		ltimore		,	MD.
	В	TY ÖR TÖWN altimor	e	Sinai I	PITAL, NURSING HO HILITY, GIVE STREET ADDRE Hospital	SS)	HER INSTITUT	10N 126	FOR MOST OF WOR	KING LIFE)	DF WORK 112b.	OR INDUSTR	
1		LATE LATE		OR OTHER HISTITUTION, GIV HTY	13c. CITY OR TOW Baltin		13d. INSIDE CIT	Y LIMITS? 13e	STREET ADDRE	ils Roa	ad (21	211)	
ľ	14. F.	ATHER'S NAME		MIDDLE	LAST		15. MOTHER	R'S MAIDEN N	VAME	IDDLE		LAST	
1				unknown		100			unkn	own			
	160.	VAS DECEASEI	EVER IN U.S. AR	MED FORCES? WAR OR DATES)	166 SOCIAL SECU		17. INFORM			ADDRESS		15.5	
					199-03-	9670	Mrs.	Treva	Bennett	-4527 I	leswic		
		18. CAUSE O	ATHINAC CALICE	nly ane cause per line D 8Y:								APPROXIMATE BETWEEN ONSET	ANG DEATH
		914	/ IMMEDIA	TE CAUSE (a) MU	LTIDLE VI AS A CONSEQUEN		and s	keleta	Linjuri	Les			
	7	Canditia	s, if any, which		AS A CONSEQUEN	CEOF							
		gave ris	e to immediate	(b)	AS A CONSEQUEN	CEOE							
		lying cau		BOL 10, OK	43 A CONSEGUEN	CEOF							
	173	PART 2 OTHER ST	SNIFICANT CONDITIONS	CONTRIBUTING TO OFATH 8	UT NOT RELATED TO THE	TERMINAL OISEA	SE OR CONDITION	GIVEN IN PART 1	(g),				
	NO												
-	T E	19a. DATE OF	OPERATION	19b. CONDIT	ION FOR WHICH O	PERATION	VAS PERFORA	AED?	EUI)		2	20. AUTOPSY?	2
	Ē					200						YES 🗆	NOXX
	MEDICAL CERTIFICATION	21a. EXTERNA	L CAUSE WAS		MONTH DAY Y	EAR			ENTER NATURE OF IN.				
)	ICAL	CONTRIBUTI	NG CAUSE OF					strian	struck	by aut	0		
	MED	WHILE	NOT WHILE	STREET, FACTO	FINJURY (AT HOM DRY, FARM, ETC.)		STREET		CITY OR TO		COUNTY		STATE
1	1	AT WORK	NOT WHILE AT WORK	- S	street	Fa		-	Wedon A	Ave. Ba	lto.Ci	ity, Mo	d
		22a. I certi	y that I taak char	ge of the remains desc		n Auto	psy [],	Inspection	X, Inquiry	, and	in my apinio	on	
-	7	death result	ed fram: Natu	iral causes ,	Accident X,	Suicide], Hamici	ide 🔲 !	Indetermined mo	anner,			
	1	ACTUAL	1/40	200			TITLE (SP				DATE	2/2/	40
	-	SIGNATURE,	largine	a cisocar	_	/	A.D. ASS	istant	MEDICAL EXAM	AINER	SIGNED_	3/26/8	80
-		EXAMINER'S (TYPE OR PRI	***	ginia L. 1			_ADDRESS		Penn St	t. B	Balto.,	, MD.	
	230.8	SPECIFY) _	TION,REMOVAL		23c. NAME OF				CITY OR TOWN	more, N	COUNTY	51	ATE
	24 5	UNERAL DIREC	rial	Mar 29, 1	AND MOOG	TAWN (Cemeter	So. DATEM	IN SYPECISTES		mary La	MATRIDE	
				uneral Hom	e 3818 Ro	land		Wi F	14.2.1.16	380 m	refry	Melre	ody

. 8

Apr 19, 1899 80

Maryland U.S.1.

Linkined Local College Colleg

delicinore, Angilund

Burial to Feneral Hoga Still Folia d Swe.

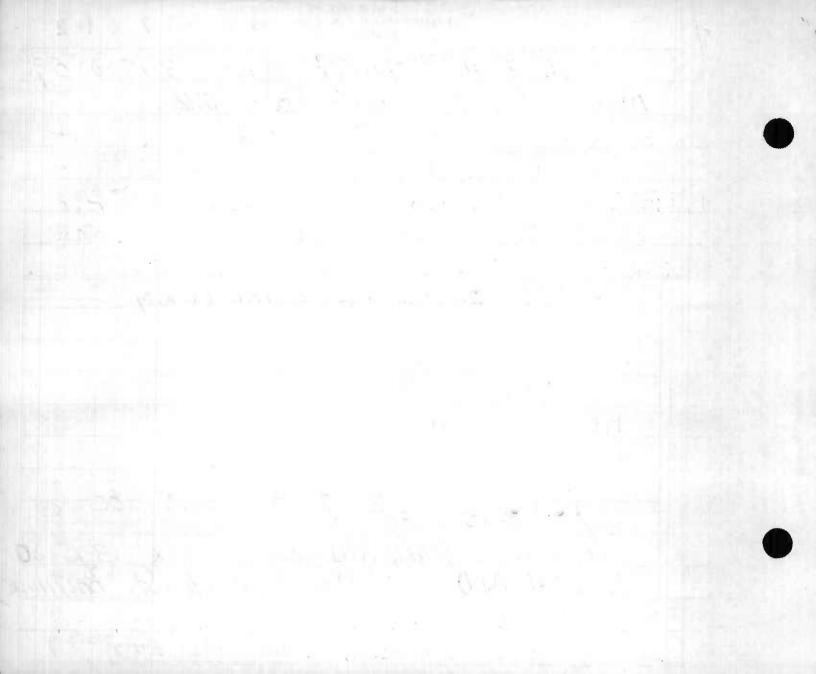
		10.7107			
					()
de de de la composición del composición de la composición de la composición del composición de la comp			office of a	2.1	ECO. 10.0
	a Topas				
			.etyeta le		
	man ration	wolfing and	5'- (10 ''') ''		

	1			STAT	E OF MARYLAND				
	1.	FOR STATE REGISTRAR	D		EALTH AND MENT.		O REG. NO.	721	1
e 3 o th		CEASED NAME OR PRINT)	MIDDLE	TA	ry lor	2º DA	TE OF DEATH MONTH	-21-80	735
gs 4 mo	3. SE	male	BLACK	5. DATE O		EAR	(IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	HOURS MIN
of 6 to 12 boundaries	C	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COI	MARRIE		ED D	MORE CITY OR COL	UNTY OF DEATH	MD.
102	1	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, (IF NOT IN SUCH MULITY, d	VE STREET ADDRESS)	OR OTHER INSTITUTION		UAL OCCUPATION F WORK FOR MOST OF WORK		F BUSINESS OR
MARYLAND 2120 ed within 24 Farmpletely filled ond 2 should be examine most between the examine of the examine o	USU 13a	AL RESIDENCE (IF NURSING HOME OF TATE 13b COUR	ROTHER INSTITUTION, GIVE RESIDEN NTY 13c. CITY (nce before admission) OR TOWN timore	13d INSIDE CITY LIA YES 🙀 NO [MITS? 13e STI	REET ADDRESS 55 Whatco	oat St.	
completely and 2 sh	14. F/	THER'S NAME FIRST	MIDDLE L	AST	15. MOTHER'S MAIL FIRST	DEN NAME	WIDDIE	LAST	
BALTIMORE, cate be execut cate be execut appers. Poges I voil.	(VAS DECEASED EVER IN U.S. AR (IF YES, GIV 10	E WAR OR OATES)	al SECURITY NO. -01-290	17. INFORMANT Lugene	Butler	ADDRESS 1705 Mos	sher Stre	eeu
: 400 5		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDIA)	nly one couse per line for (o ED BY: TE CAUSE (o)	rerwhe	elmina	Sep	sis	APPROXIA BETWEEN O	MATE INTERVAL INSET AND DEATH
		Conditions, if ony, which	DUE TO, OR AS A CO	NSOLENCE O'K	itus v	ucer	S		
that the death ce that the attending ease remove carb al, cremotion, or r		gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CO	NSEQUINCE OR	ebro vi	4soub	v occid	ent	
20 ses	NO	PART 2. OTHER SIGNIFICANT (CONDITIONS CONTRIBUTION	NG TO DEATH BUT	NOT RELATED TO TH	TE TERMINAL DI	sease or condition	N GIVEN IN PART 1(0	,
DIVISION OF VITAL RECORDS, NG PHYSICIAN: The low requir of the this certificate hos been sign os the burdl-fronsit permit. Then th and Mental Hygiene prior to be orked or flem 18 shows ony injury orked or flem 18 shows ony injury	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	20a YES		IF YES, WERE FINDIN ERTIFYING CAUSES OF YES	
ION OF VITAL HYSICIAN: The nding physicion his certificate h bural-transit g Mentol Hygies or frem 18 sho,		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE.		ITH DAY YEAR	21¢ HOW INJURY	OCCURRED (EN	TER NATURE OF INJURY IN ITE	M 18, PART 1 OR PART 2)	
DIVISION DING PHYS or attendin After this of se as the bur aith and Me	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY	, OFFICE, FARM, ETC.)	211. LOCATION STREET	20	CITY OR TOWN	COUNTY	STATE
TTENDI pitol or processive for use of Heal	150	220 1 certify that (I) this hosp saw the deceased alive an obove (I) we) (did) (did no	2 2 1	19 80.0	nd that in ((our)	opinion deoth oc	courred on the date on		hot (I) we) ost
OR he ho cochec		22b. SIGNATURE	on Milu	ulsh	ATTENI PHYSIC	DING MEDI	ICAL STAFF	30	HONED SO
HOSPII ined be FUNEF		22d. PHYSICIAN'S NAME (TYPE C	TS WALS	HMC	130 /	Ashm	nton &	7. Bolti	mores
0 6 0 6 5 E	23a.	BURIAL, CREMATION, REMOVAL SPECIFY) Burial	3/28/80	1	Calvary (Cem.	LOCATION CITY OR TOWN Baltimor	e Co.	STATE MD
DHMH - 16.50M 1/76 (VR A 15 (4))		m. C. March	F/H 1101 **	E. Nort	h Ave.	MAR 3	BY REGISTRAR 256. FI	the property of	Kendy

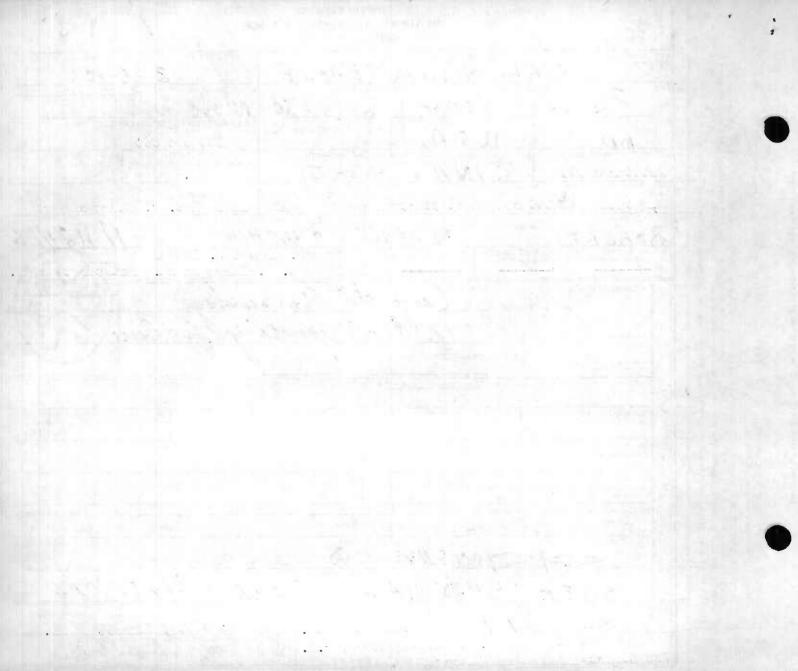
Constitution of the Consti THE REPORT OF THE PARTY

Md.

MacNabb Funeral Home



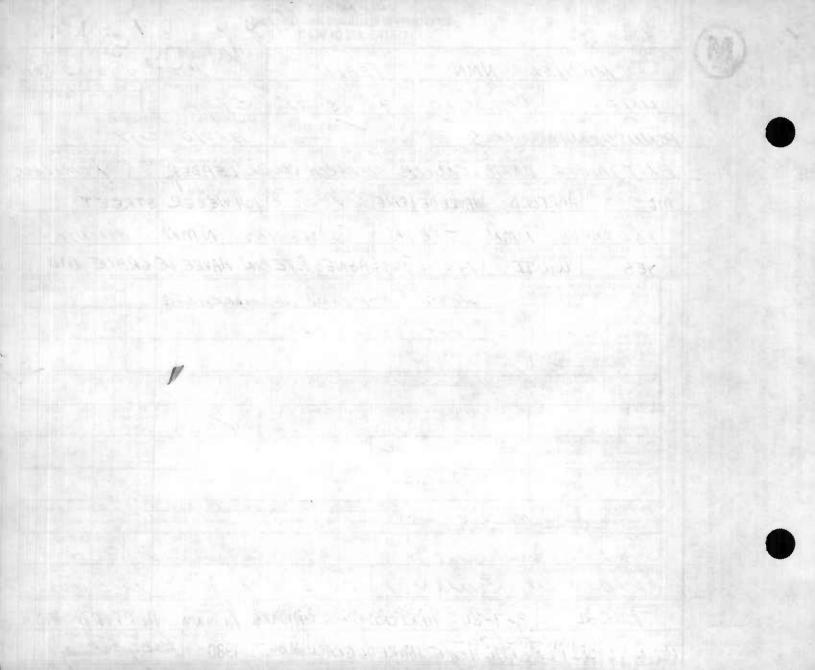
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGENE - STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 2a DATE OF DEATH MONTH 2b. HOUR TYPE OR PRINT 4. RACE 3. SEX AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS To BIRTHPLACE ISTATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED XX COUNTRY Baltimore City WIDOWED DIVORCED [10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Baltimore City NONE USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONI Baltimore 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Maryland Reisterstown 11913 Apt. F. Tarragon Road 15 MOTHER'S MAIDEN NAME MIDDLE In WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANTE Robert W. Terre (YES, NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) Apt. F. Tarragon Rd. 1913 Reisterstown, MD. CAUSE OF DEATH (Enter only one couse per line for PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o Conditions, if ony, which gove rise to immediate couse (o), stoting DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0 CERTIFICATION ony 19a DATE OF OPERATION 196, CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS USED d IN CERTIFYING CAUSES OF DEATH? NO YES [NO [71n ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 ŏ 21d. INJURY OCCURRED 21e. PLACE OF INJURY 21f. LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE 22a.1 certify that (1) (this hospital) attended the deceased from sow the deceased alive on_ ___, and that in (my) (our) opinion death occurred on the date and hour and from the couses stated above, (1) (we) (did) (did not) view the body other death. 226. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL PHYSICIAN T DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e. ADDRESS should be with the 230. BURIAL, CREMATION, REMOVAL 23b DATE 23L NAME OF CEMETERY OR CREMATORY 23d. LOCATION CITY OR TOWN (SPECIFY) STATE Burial 3/10/80 Lake View Mem. Sukesville Park 24 FUNERAL DIRECTOR Loring Byers Funerates Directors, P.A. 250. DATE REC'D. BY REGISTRAR DHMH - 16 60M 7/73 (VRA 15 (4)) 728 Liberty Road Randallstown MD

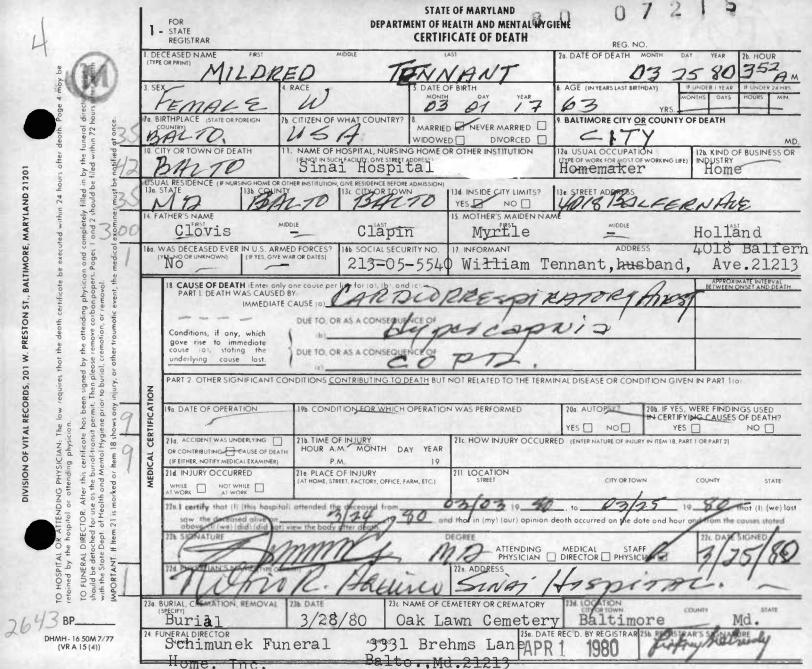


HOME HAVREDEGRACE MAR

DHMH-16 25M

(VRA 15, 4) 1/79





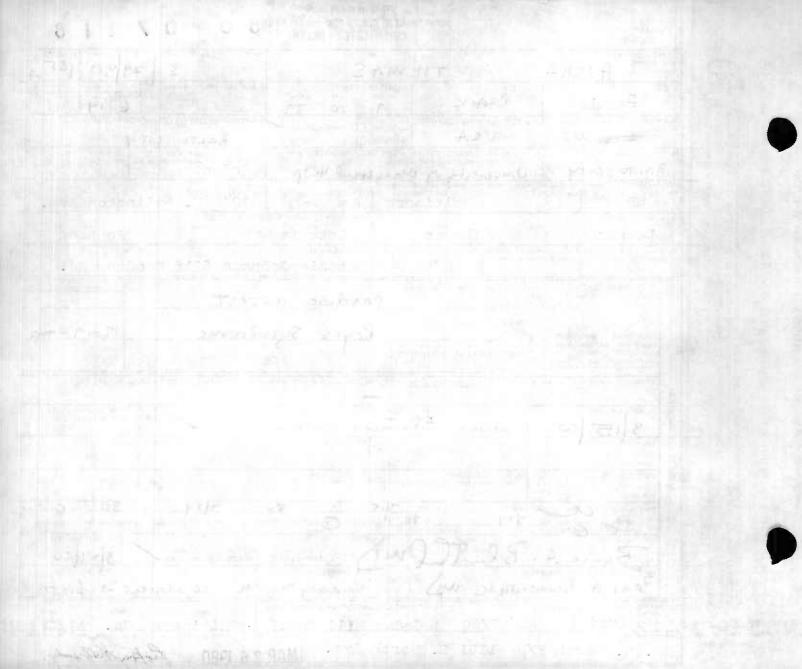
MILLARED FINETE EN (1 10 25 17 18 3 Trained Kill AND SECTION OF THE SECTION OF THE SECURIOR Color of the same series of the same Linguage Comment of the Comment 27 4 5 5

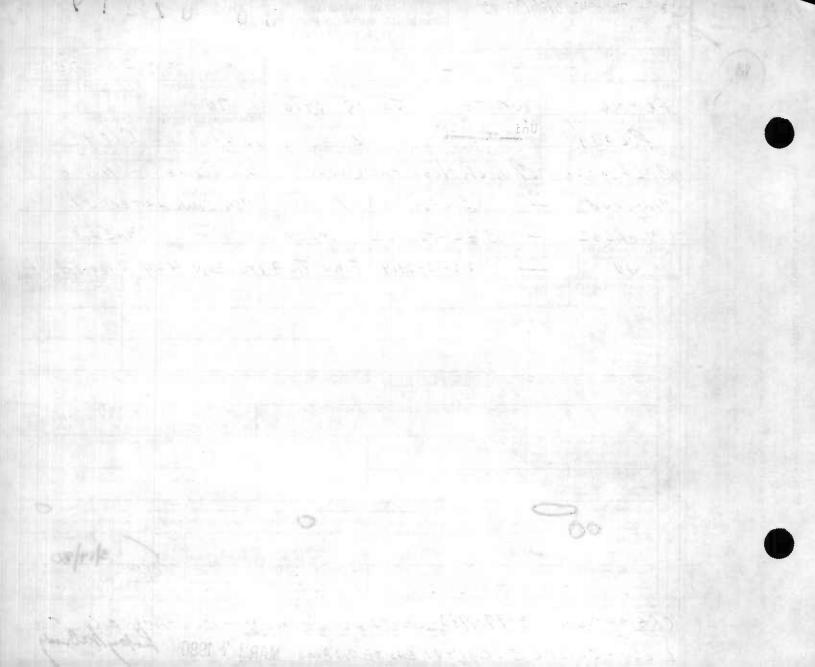
STATE OF MARYLAND

100				
				S. 44
	,			
			. 7	
1 2 2				Later

1	1	FOR - STATE REGISTRAR	DEPARTM	STATE OF MARY ENT OF HEALTH AND CERTIFICATE OF	MENTAL HYGI	ENEÜ 0	721	1
ad A Salar		CEASED NAME FIRST WILLIA	AM E, T	HIELBA	HR		3-25-80	155 AM
Page 4 may rector, page irs after ded once.		ALL Male	CAUC.	S. DATE OF BIRTH MONTH DAY 10	- 90	6, AGE (IN YEARS LAST BIRTI	YRS.	IF UNDER 24 HRS
funeral di	· ·	OUNTRY) MD,			DIVORCED [BALT.	CITY	MD.
by the ed with		Baltimore	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET AL HOSPIT	al MER	STITUTION	120 USUAL OCCUPATE (TYPE OF WORK FOR MOST OF		OF BUSINESS OR
AND 212 thin 24 ho build be fill	M	aryland 136 COUNT	OTHER INSTITUTION, GIVE RESIDENCE BEFORE, IS TO WIND PROCESSION OF TOWN BALLING R	e YES (1)	CHY LIMITS?		all St. Balto	.Md.
E, MARYLA ecuted with completely I and 2 shou		Unkn	5-30-9		R'S MAIDEN NAM	Unknown.	LAS	or
BALTIMORE, I		NAS DECEASED EVER IN U.S. ARM YES, NO OR HINKNOWN! (IF YES, GIVE Y	AED FORCES? 166 SOCIAL SECUR 215-05-7			elbahr, 3424	Memphis Lan	e, Bowie, 17d
aw requires that the death certif een signed by the attending phy Then please remove carbon pap or to burial, cremation, or remo any injury, or other traumatic e	NOI	PART I. DEATH WAS CAUSED IMMEDIATE 2 4 3 9 Conditions, if any, which gove rise to immediate cause lot starting the underlying cause lost. PART 2 OTHER SIGNIFICANT CO		ICE OF			ATION	
VITAL RECO	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH C			20e AUTOPSY?	20h. IF YES, WERE FIND IN IN CERTIFYING CAUSES YES	
TO HOSPITAL OF ATTENDING PHYSICIA retained by the hospital or attending physician TO FUNERAL DIRECTOR: After this certifical should be detached for use as the burial-transit with the State Dept. of Health and Mentel Hyyl	MEDICAL CER	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTHY MEDICAL EXAMINER) 21d. INJURY OCCURRED ALL WORLD ALL WOR	P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FAI attended the receased from year the body after death.	YEAR 19 211 LOCAT STREE	ATTENDING PHYSICIAN	city of tow	19_Site and hour and from the	
Bb———	23a.	BURIAL, CREMATION, REMOVAL SPECIFY) Burial	1 11	me of CEMETERY OF	Coint	23d. LOCATION CITY OR TOWN Baltiman	COUNTY	STATE
J404 DHMH-16 25M (VRA 15, 4) 1/79	24 F	uneral director Cittly Funeral Ho	me, 130 E. Fort Av	e.Balto.Md	250 DATE	REC'D. BY REGISTRAR	75h BESISTRAN'S STENAN	PRE

Market Carlotte Committee A with the test of the control of the test the state of the s



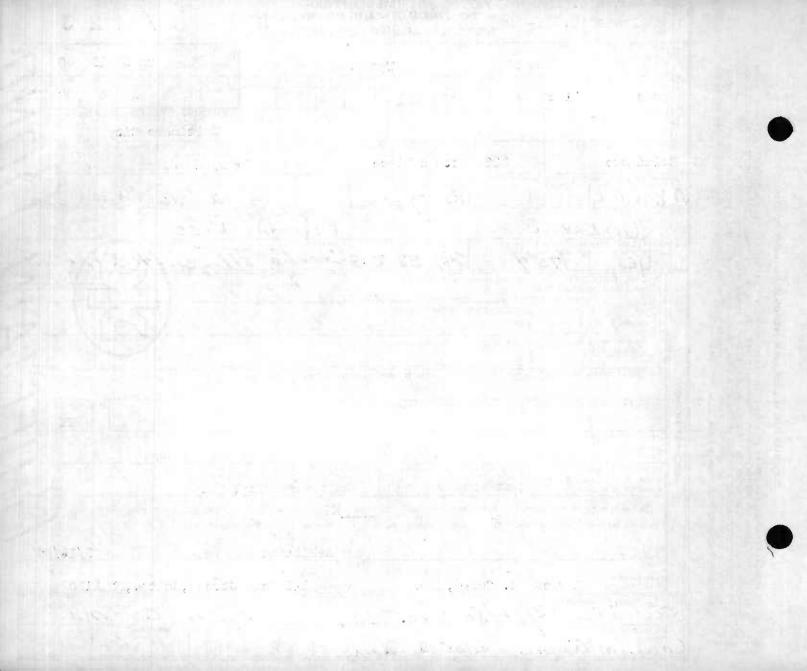


dryle 6 10 1 10 2 20 20 20 20 20 20 20 20 20 20 20 20	THE SECOND ENGINEER AND MAKEN SECONDARY SECOND		DANGED OF THE	LOTRALI
PARTES District order in the content of the district order of the content of the	Particle of the language of the interpretation of the contract		coles a la coles acto	o Lune C
STATE TO STATE OF STA	The Court of the C	THE SHOP OF SHIP OF SHIP		imalye
		ed and Presidentine	indicto Inluces main	
		all W. Daiverstoy has	no ke stoutstan	arele de
		e sheet a	market fant	min 9
		J.Ta montfile.	a medical contracts	
TOTAL STATE OF THE	Charles Harland March Contract Harland			
	Charles Harland March Contract Harland			
	Charles Harland March Contract Harland			
	Charles Harland March Contract Harland			
	Charles Harland March Contract Harland			
	Charles Harland March Contract Harland			
	Charles Harland March Contract Harland			
TOTAL STATE OF THE	Charles Harland March Contract Harland			
	A manufacture of the state of t			

Cur Line Proces and the contract of the contra

2 2 1 1 2 2			
		T. P. L. L.	
	rect, eff.		Forther.
			ntni siv
medic etalijo ena	baek nowl		Tanaliseus .
	anti ntino		
. nocuani lie iomas	. 200 0 8 2002 05 20		
C 22 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	F. The E.S. Durante		
	Market Land		
	THE WAY SHOW		
	40 000	(Tolethou	

	FOR STATE Items 18,21	b-22a DEPARTMENT OF HEALTH AND MENTAL HYGIENE 0 7	2 2 3
I D	REGISTRAR CEASED NAME FIRST	MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	
	PE OR PRINT)	onald Thompson CF ESTI-	13 13 80 2b. H
3. SE		IS DATE OF BIRTH 16 AGE (IN YEARS I IF LINDER 1 YR I IF LINDER 24 HPS 120 DATE M	ONTH DAY YEAR 2d H
	male black	MONTH DAY YEAR LAST BIRTHDAY) MONTHS DAYS HOURS I WAY PRONOLINGED	3 14 , 80 12
7a. P	IRTHPLACE (STATE OR OREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY? & MARRIED WEVER MARRIED 9 BALTIMORE CITY OR	
	٠, ٥, ٥,	USA WIDOWED DIVORCED Baltimore	
	altimore	11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 422 Pittman Place	WORK 12b. KIND OF BUSINES OR INDUSTRY
430	136. COUNT		1100
	ATHER S NAME	15. MOTHER'S MAIDEN NAME	en ave.
	FIRST (In KNOW	MIDDLE LAST PIFTEDA COSS	LAST
160.	WAS DECEASED EVER IN U.S. ARA	MED FORCES? 166. SOCIAL SECURITY NO. 17. DEFORMANT ADDRESS	
		57 249-58-2725 Cecelia /Longson-4	012 FAIR Wice
	18. CAUSE OF DEATH (Enter only PART I DEATH WAS CAUSED	ly one cause per line far (a), (b), and (c).)	APPROXIMATE INTERV BETWEEN ONSET AND D
		TE CAUSE (a) Subdural Hemorrhage (DUE TO, OR AS A CONSEQUENCE OF	
1	Canditians, if any, which	Seizure disorder	
	gave rise to immediate cause (a) stating the under-	(b) DUE TO, OR AS A CONSEQUENCE OF	
	lying cause last.	(6)	945
	PART 2 OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).	
CERTIFICATION			
ICA.	190. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
	210. EXTERNAL CAUSE WAS	216. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART	YES XX NO
	UNDERLYING OR	HOUR A.M. MONTH DAY- YEAR	I OK PAKI Z)
MEDICAL	CONTRIBUTING CAUSE OF D	21e. PLACE OF INJURY (ATHOME, 21f, LOCATION	
M	WHILE NOT WHILE AT WORK	street, FACTORY, FARM, ETC.) at home STREET Baltimore City, Md.	COUNTY
			my apinian
7		e of the remains described above, held an Autopsy 💢 Inspection 🔲 , Inquiry 🔲 , and in	my apinian
Z		al causes Accident XX Suicide Hamicide Undetermined manner	
7	death resulted fram: Nature	al cayser , Accident XX, Suicide , Hamicide Undetermined manner . TITLE (SPECIFY)	
		TITLE (SPECIFY)	DATE 3/14/80
	death resulted fram: Nature ACTUAL SIGNATURE	TITLE (SPECIFY) M.D. Assistant MEDICAL EXAMINER	SIGNED 3/14/00
	death resulted fram: Nature ACTUAL SIGNATURE EXAMINER'S NAME (TYPE OR PRINT) HOTME	TITLE (SPECIFY) M.D. Assistant MEDICAL EXAMINER ADDRESS 111 Penn Street Balto	SIGNED 3/14/80
230.E	death resulted fram: Nature ACTUAL SIGNATURE EXAMINER'S NAME	Assistant MEDICAL EXAMINER ADDRESS 111 Penn Street Balto 1234, NAME OF CEMETERY OF CREMATORY 1234, LOCATION CITYOR TOWN	,MD 21201
X	death resulted fram: Nature ACTUAL SIGNATURE EXAMINER'S NAME (TYPE OR PRINT) HOTME	TITLE (SPECIFY) M.D. Assistant MEDICAL EXAMINER ADDRESS 111 Penn Street Balto	SIGNED 3/14/00 MD 21201 COUNTY PROPERTY OF A STATE



- TIOS - CB 1111111 E 14 0: CARDICIPATIONING CEPTER PARTITE WITHINGTONAL CIRED ONCOVER CHARGE FOR MITTHE VALUE REPRESENTED - 17 19 4940 ExTERNARY HILL HOMMETHER

24 FUNERAL DIRECTOR

HUBBARD FUNERAL HOME 4107 WILKENS AVE. 21229

DHMH-16 25M

(VRA 15, 4) 1/79

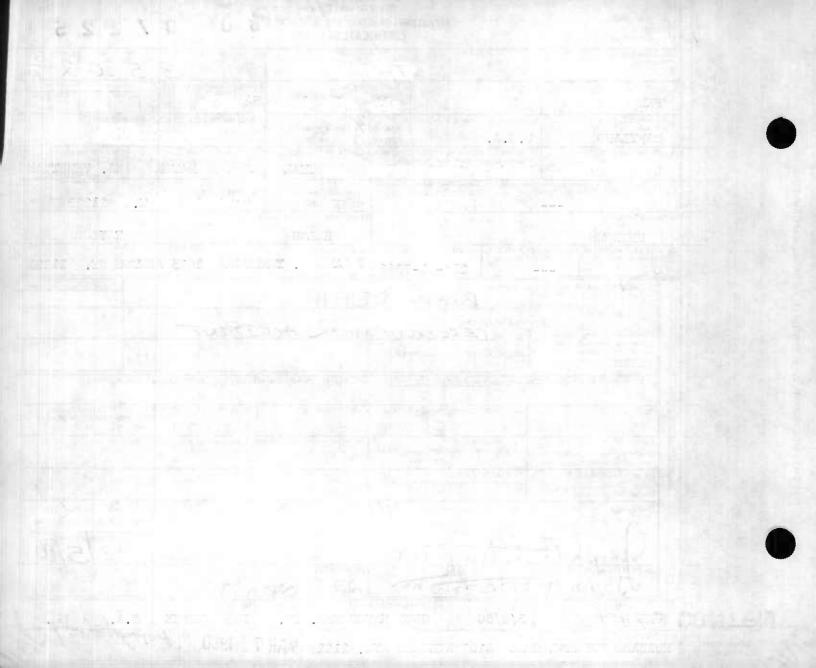
FOR

- STATE

REGISTRAR

FIRST

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO LAST 26. HOURS 20 DATE OF DEATH MONTH THOMPSON 5 DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS 15 AR DAYS BALTIMORE CITY OR COUNTY OF DEATH MARRIED A NEVER MARRIED BALTIMORE CITY WIDOWED | NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 126. KIND OF BUSINESS OR EA. VENETIAN LINE OPERATOR UNIVERSITY OF MARYLAND HOSPITAL 134 INSIDE CITY LIMITS? 13e. STREET ADDRESS 2025 ASHTON ST. YES X 21223 NO T 15 MOTHER'S MAIDEN NAME FIRST MIDDLE LAST TAYLOR HELEN **ADDRESS** 17 INFORMANT FULTON A. THOMPSON 2025 ASHTON ST. 21223 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH ASCUUR ACCIDENT PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 160 20g AUTOPSY? 20b. IF YES, WERE FINDINGS USED 19h CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NO [NO YES [21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 211 LOCATION CITY OR TOWN COUNTY STATE 80 that (I) (we) last and that in (my) (aur) apinion deoth occurred on the date and hour and from the causes stated DEGREE 771. DA東 SIGNID ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22R ADDRESS 23d. LOCATION 23c NAME OF CEMETERY OR CREMATORY GLEN BURNIE A.A. GLEN HAVEN MEM. PK.



	SUMMER PROPERTY.	
o s a v d	a new york a world	
		the desired and the
	rights 100 rights 17	
thead anulted 1801 now had	317-81-4863 Peten [7	
	CREA SHOWN	
	a salata da est	
- King River Desired and Protection Co.		No.
	1 or at monthly 000	
The second of the second	Appellant Tip	Ave Head .2 .

	- COMPOSE		
50 1	*		MANAG
STAME SCHOOLS IN		A.R.T.	MA WEAR
	.003	AN PERSON OF THE AP	avenue.
oror monagement		THOUSE ME THE SECOND	THE CHANGE AND
		COCO-25-EOF T MARK	23.0 23.0
MARKET PER SECTION	٠.	_ 10 Tall 15, 17 00	×
nation w		1 246 1	- 11 T.
Define . w. more . to two			
All artist particles	866		

B & AD ALON BRANCHER STATE OF STREET All the Assessment of the College of Treil T(8242 2/TH/00

6 5 7 C 0 0 5 5 5 6 THE STATE OF THE S The second of th

WEID BOOKERIAN demender 'benende esito. esito. colline inc. 5 6 h o tal A VINCENTED CATER AND. SLITER CONFINE STARS Aur'e] Langerl 2,1980 Mee Detremed Lielte. G. Irvoen Gelweb 5151 selte. Testerna AFRE 1980.

18.		
	wenterful .	

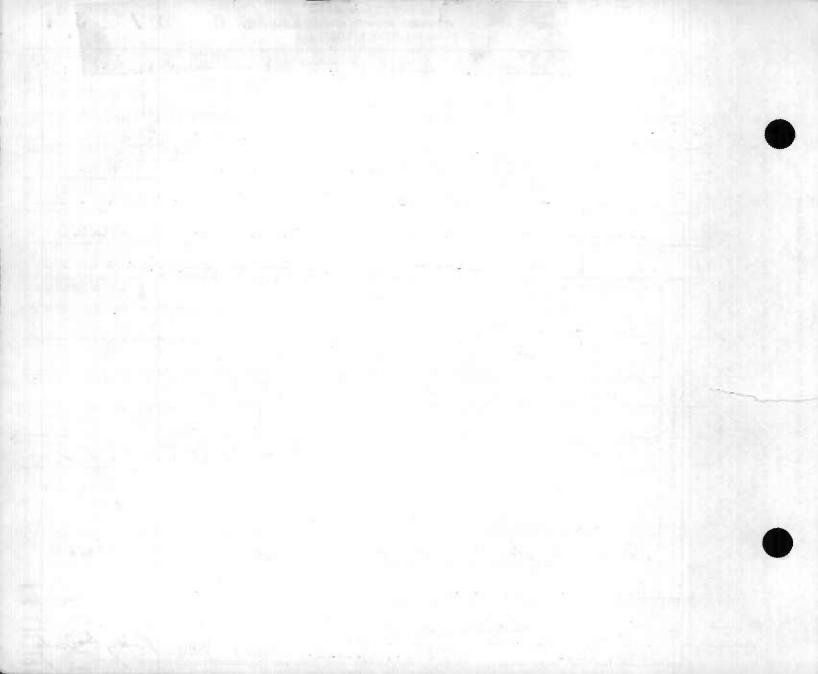
1			STATE OF MARYLAND		
6	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GUNE O 7	2 3 2
N/	I. DECEASED NAME FIRST (TYPE OR PRINT)	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
18	EDWARD	C	TOWNSEND	3 -	3-80 7.50 AM
剛)	Male	RACE Caucasian	Septemberay 29 year 90	6 AGE (IN YEARS LAST BIRTHDAY) 73 YRS	IF UNDER 1 YEAR IF UNDER 24 HRS
in 72 in 72 in 72 in	TO BIRTHPLACE ISTATE OR FOREIGN COUNTRY) MARYLAND	76 CITIZEN OF WHAT COUNTRY	8. MARRIED NEVER MARRIED WIDOWED DIVORCED	I SOUL LAND BY I DA	f state
Shifted with	CITY Baltimon		ING HOME OR OTHER INSTITUTION IT ADDRESS RENERAL INSPITAL	17 USWAL OCCUPATION (14 CALACTE CHARGET OF WORKING	LIFE) 176 KIND OF BUSINESS OR Railroad
hould be f	100	130 LOLANDO	RE ADMISSION 134 IN SIDE CITY LIMITS?		0×41, d-21122,
ond 2 si	14 FATHER'S NAME FIRST FOR COMMENT FOR COM	MIDDLE LAST Townsend	15 MOTHER'S MAIDEN N	MIDDLE	Weaver
Poges I medical	160 WAS DECEASED EVER IN U.S.	ARMED FORCES? 166 SOCIAL SEC SIVE WAR OR DATES) 214 -01	URITY NO. 17. INFORMANT	/ ADDRECC -	4117 HARIBANO
os been signed by the attendin bermit. Then please remave carb perior to buriol, cremation, ar in ws any injury, ar ather traumatic	Conditions, if any, which gave rise to immediate cause ia, stating the underlying cause lost PART 2. OTHER SIGNIFICAN Challeliniaaa 19a. DATE OF OPERATION 1-19-80 21a. ACCIDENT WAS UNDERLYING	19b. CONDITION FOR WHIC	DEATH BUT NOT RELATED TO THE TER HOPERATION WAS PERFORMED	MINAL DISEASE OR CONDITION OF THE PROPERTY OF	THEN IN PART TO BE SEE WE
ental Hygien	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF LETTER NOTIFY MEDICAL EXAMINITY OF CURRED OR CONTRIBUTION OF CONTRIBUTIO	DEATH HOUR A.M. MONTH (216 HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY IN ITEM 16	YES NO S. PART 1 OR PART 2)
hond M	WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE		CITY OR TOWN	COUNTY STATE
it DIRECTOR: A stocked for use of Dept. of Health is the Classic of Health is the Classic of the	saw the deceased alive	spital) attended the deceased from 3 - 3 19 19 19 19 19 19 19 19 19 19 19 19 19	DEGREE H. D	n death accurred on the date and h	aur and from the causes stated 22c. DATE SIGNED 3 \ 3 \ 86
should be de with the Stot	22d PHYSICIAN'S NAME (TYPE SIREES		22e. ADDRESS SOU		LENERAL HOSPIT
5 4 3 X	230. BURIAL, CREMATION, REMOVA	3/6/80 236, DATE	NAME OF CEMETERY OR CREMATORY	Baltimore An	COUNTY STATE

The state of the s

6 18°	1	FOR DEPARTMENT OF HEALTH AND MENTAL OF GIENT OF 2 3 4 STATE CERTIFICATE OF DEATH REGISTRAR CERTIFICATE OF DEATH REG. NO.	
(M)	1. DE		
		EASED NAME FIRST MIDDLE LAST 20. DATE OF DEATH MONTH DAY YEAR 20. HOUR 3 2 80 3 4	A
ge 4 ma gre 4 ma an other p	3. SE	emale Black 5. DATE OF BIRTH MONTH DAY YEAR Q 24 15 (e. 4 YRS. 1. UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN	
# PE 877	70. B	THPLACE (STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? 8 MARRIED COUNTRY OF DEATH OF THE COUNTRY OF DEATH OF THE COUNTRY OF DEATH OF THE COUNTRY OF THE COUN	
the f	10 C	Y OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126 USUAL OCCUPATION 126. KIND OF BUSINESS OF).
1 de	1	and and bon Secours Hogi Tal. Relined.	
AND 212 AND 212 n 24 hour	13a.	L RESIDENCE IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) ATE 136 COUNTY 134 CITY OR TOWN 134. INSIDE CITY LIMITS? 136 STREET ADDRESS AS 5308 Crypha Oak Au	9.
MARYL mpletely ond 2 sl	14. F/	Dubblin E. Pigatt ALTE MIDDLE LAST	
5 0	16a. \	S DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS S, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES)	-
₽ 0 0 × 0		No Als-18-18-18-18-18-18-18-18-18-18-18-18-18-	zе
01 W. PRESTON ST., BAL that the death certificate d by the ottending physici lease remove carbon paper iol, cremotion, or removal. or other troumatic event, th		APPROXIMATE WITEFVAL PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if ony, which gove rise to immediate cause lost. DUE TO, OR AS A CONSEQUENCE OF LECTURE OF THE PROXIMALE WITEFVAL APPROXIMALE WITEFVAL BETWEEN ONSET AND DEATH BETWEEN ONSET AND DEATH BETWEEN ONSET AND DEATH APPROXIMALE WITEFVAL BETWEEN ONSET AND DEATH BETWEEN ONSET AND DE	
y, c p e e e e e e e e e e e e e e e e e e	NO	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a)	
AL RECORDS, the low required to be been significant to be been significant to be soon so one	CERTIFICATION	90. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20d. AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO YES NO	-
SICIAN: T ng physici certificate miol-tronsi entol Hyggi them 18 sh		21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN (IEM 18, PART 1 OR PART 2) OR CONTRIBUTING CAUSE OF DEATH CIFE (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19	-
DIVISION OF VIT NG PHYSICIAN: 1 oftending physic often this certificate as the buriol-frons th and Mentol Hyg orked or frem 18 sh	MEDICAL	216. INJURY OCCURRED WHILE NOT WHILE AT WORK (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 21f. LOCATION STREET CITY OR TOWN COUNTY STATE.	
Sa eole	- 1	22a I certify that (I) (this haspital) attended the deceased from	
NR ATTEN hospital iRECTOR: hed for us ept. of He them 21 is		sow the deceased alive an	-
the the tetocher the District High High High High High High High High		Winker Hugh Wilson mD ATTENDING MEDICAL STAFF & 2 20	
TO HOSPITA TO FUNERA should be d with the Sto		WI PHYSICIAN'S NAME (TYPE ORPHINT) WILLIAMS TO M Hugh Williams mp (10 Bon Seconds Hospital)	
5 € 5 € 3 ₹	23a. E	IRIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTY STATE	=
2802 BP		Burial 3/8/80 Arbutus Mem. Pk. Baltimores Co. MD	
DHMH - 16 50M 7/77 (VR A 15 (4))		VERAL DIRECTOR NAME C. March F/H 1101 E. North Ave. MAR 6 1980	

. The same of the same of the same

8	1 -	FOR STATE REGISTRAR		DEPARTM	ENT OF H	EALTH AND MENTAL HYG	REG. NO.	2 3	4
oy be oge 3 deoth	I DE	CEASED NAME FRST OR PRINT) MARGARI	ET M			JTFELTER	March 1,	1980 8:	25P _M
moy	3 SE	x Female	White		5. DATE O	F BIRTH		UNDER I YEAR IF UN	IDER 24 HRS
MA 35	9	RTHPLACE ISTATE OR FOREIGN Maryland	76 CITIZEN OF WH	A	WIDOWE		Baltimore City or County C		MD.
by the filed with]	TYOR TOWN OF DEATH Baltimore	3310°W	OODS TO	CK A	ROTHER INSTITUTION	128. USUAL OCCUPATION (EXPEOF WORK FOR MOST OF WORKING LIFE) HOMEMAKET	INDUSTRY HOME	INESS OR
filled in hould be	130 9	AL RESIDENCE IN NURSING HOMEO STATE Maryland	ROTHER INSTITUTION, GN NTY 13	Baltimi	DPE		3310 Woodstoc	k Ave. 2	21213
ompletely ond 2 st	14. FA	Trederick	MIDDLE	Bů ^s ěde:	1	15. MOTHER'S MAIDEN NAME ETIZADE	th MIDDLE	Fuchs	
te be execution and consers. Pages 1	Iéa V	VAS DECEASED EVER IN U.S. AR VES NO OR UNKNOWN) (IF YES, GIV		12-74-		Evelyn Hof	fman (daugtr)sa	ame addi	
equires that the death certific is signed by the attending phy. Then please remove carbang to buriol, cremation, or remoinjury, or other traumatic even	NOI	Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR A	S A CONSEQUEI S A CONSEQUEI TRIBUTING TO D	NCE OF	Turore NOT RELATED TO THE TERM From rever	lnal Disease OR CONDITION GIVE	N IN PART 1(o)	
The low retrien.	CERTIFICATION	190 DATE OF OPERATION			OPERATION	N WAS PERFORMED	YES NOW YES		EATH?
NG PHYSICIAN. To ottending physici tire this certificate of the buriol-transit hand Mental Hygin by the ded or them 18 sh	MEDICAL CE	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINER 21d. IN JURY OCCURRED WHITE AT WORK NOTIFY MEDICAL EXAMINER	P.M. 21e PLACE OF (AT HOME, STREET	MONTH DA	19		NED (ENTER NATURE OF INJURY IN 115M 18. PAR	COUNTY WELL	f con
STTENDIII Spitol or CTOR: A d for use of t of Heoli		22a.1 certify that (I) (this hasp sow the deceased alive or above, (I) (wa) (che) (did no	De 5 / 1	()			to leath occurred on the date and hour		
SPITAL STATE TO SERVICE OF STORE DEPT. If them		Paralle V.	kno				MEDICAL STAFF	3/3/8	
TO HOSPITAL TO FUNERAL should be det with the Store		Romulo V.				5500 Bowl			
S/ BP	1	Burial, Cremation, removal Burial	3/4/80) I.o	rrai	metery or crematory	Baltimore,	Marylan	STATE d
DHMH-16 20M (VRA 15, 4) 7/78	24. FU	Schifflinek F Home, Inc.	uneral	A3331 BaLt	Bre o.,M	hms Lan es dated and M	EREC'D. BY REGISTRAR 256. REGISTRAR 4 1980	SIGNATURE	rody

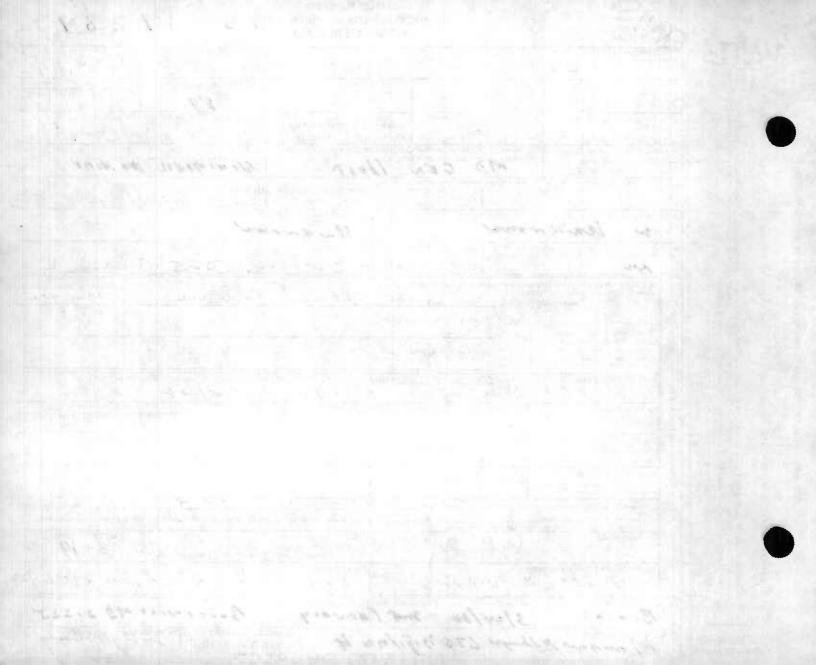


1		1.	FOR STATE REGISTRAR			DEPART	MENT OF H	OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH	ÉJENE ()	0 REG. NO	7	2	3	5
(M		TYPE	Be s s		A	nn	Tri			OF DEATH	3 3	BO .	80	26 HOUR 11:30 M
director		7n. B	ringle (STATE OR FORE)	4 R/	Whit	COUNTRY	S. DATE C	28 18	A BALTIA	ORE CITY OF	YRS	MONTHS	DAYS ATH	HOURS MIN
e funeral Ithin 72 h	35	1	OUNTRY Marvland ITY OR TOWN OF DEATH	11.			WIDOWE NG HOME C	D NEVER MARRIED D DIVORCED C	Bal	timore			KIND OI	MD.
be filed w	37	USU	Baltimore AL RESIDENCE IN NURSING	HOME OR OTHE	R INSTITUTION, GI	ercy	RE ADMISSION!	1134. INSIDE CITY LIMITS?	ope	erator		.,	cact	
pletely fill d 2 should	35	Ma		arro]		Trite	dsor	YES NO TO 15. MOTHER'S MAIDEN N FIRST Margare	3943 AME	MIDDLE	s Hi	11	Rd.	
ian and cor	2		VAS DECEASED EVER IN	U.S. ARMED FYES, GIVE WAR NON 6	OR DATES!	19-05-	URITY NO	17 INFORMANT		3945 Ey New		ds	Hil or,	I Rd. Md.
n signed by the attending phone please remove carbon part to burial, cremation, or removing to our other traumation.		NO	Canditians, if any, we gave rise to immed cause (a), stating underlying cause	hich liate the last	DUE TO, OR A	AS A CONSEQU	JENCE OF			COS		VEN IN	PART 1(a	1
ysician. retificate has bee transit permit. Tital Hygiene prior II am 18 shows an	9	AL CERTIFICATION	198 DATE OF OPERATION 218. ACCIDENT WAS UNDERLOR CONTRIBUTING CAU	YING SE OF DEATH	21b. TIME OF HOUR A.M.		AY YEAR	N WAS PERFORMED	YES 🗆		IN CERTII	YING (CAUSES	GS USED OF DEATH? NO
After this sthe burial than d Mer		MEDICAL	IN EITHER, NOTHY MEDICAL E 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK		P.M. 21r. PLACE OF (AT HOME, STREET	FINJURY T, FACTORY, OFFICE,	FARM, ETC)	211 LOCATION STREET		CITY OR TOW	N	COL	UNIY	STATE
ed by the hospital or a ted by the hospital or a ted by the hospital or a ted by the State Dept. of Heal RTANT: If I ham 21 is			226. I certify that (1) the saw the deceased above (11) we) (1did 22b SIGNATURE 226. PHYSICIAN'S NAM	alive an Signature of the control of	w the body of			d that in (my) (our) apinio DEGREE ATTENDING PHYSICIAN 122e ADDRESS	n death accur	red on the do	F/	ur and f	C. DATE	
BP	iM	1	BURIAL, CREMATION, RESPECTIVE	MOVAL 23	+/2/80	lew th		reek Cemet	erv N	EALON EW Wir REGISTRAR 1980	ndso:	COUNT	arro	STATE 11 Md.

bustynes The First and dear and a combatt well florest has been SPRE Movies 110 7975 TO 07117 none 919-05-9577 Saraord McKin ex New Windson, 114. Mineral Country New Mandan Cornell

and the	1			STATE	OF MARYLAND				
(a)	1	FOR STATE	DEF	ARTMENT OF H	EALTH AND MENTAL HY	(GIENE)	0 7	2 3	6
(M)	1'	REGISTRAR		CERTIF	CATE OF DEATH		REG. NO.		7
		EASED NAME FIRST	WIDDLE	0	ST .	20. DATE OF D		DAY YEAR	2b HOUR
be 3	(TYPE (OR PRINT)	RY MMM	0	turnbull		3	23 50	145 PM
e 4 ma) for, pa	3 SEX		4 RACE Com	5 DATE O	F BIRTH DAY YEAR	6. AGE (IN YEAR	20	MONTHS DAYS	HOURS MIN
Page direct hours ce.	Zo. BIR	THPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUN	JTRY? 8	1001	9 BALTIMORE	CITY OR COUN		
death.	co	Manyland	USA	MARRIED		1	al cino	(3)	ty MD.
201 rs after or filed with filed	10 CIT	Y OP TOWN OF DEATH	11. NAME OF HOSPITAL, N	STREET ADDRESS)	ROTHER INSTITUTION	120. USUAL OC (TYPE OF WORK FO	R MOST OF WORKING		opposition or
ND 212	13a S1			E BEFORE ADMISSION)	13d. INSIDE CITY LIMITS?	13e STREET AD		115	Sood
maryla ompletely 1 and 2 sho		HER'S NAME	MIDDLE LAS	1 00	15. MOTHER'S MAIDEN N FLORENCE	AME	VIDDLE	Murph	4
ш 2 0 . о		AS DECEASED EVER IN U.S. AI		SECURITY NO.	17. INFORMANT		timbre,	Md 21	227
BALTIMORE, one be executable by sixton and coppers. Pages 1 vol. 7, the medical	(YE	S, NO OR UNKNOWN) (IF YES, GIV	(E WAR OR DATES)	09-658	Mrs. Esther	r V. Turn	bull 276	58 Yanna	II Road
ficate k ficate k papers naval.			nly ane cause per line far (a), (. 0				XIMATE INTERVAL LONSET AND DEATH
ST., B.		PART I. DEATH WAS CAUSI		rdiac	Accent				
9 9 0 1		5183	DUE TO, OR AS A CONS	SEOUENCE OF					
ne death common the attending mattern, or ritraumatical		Canditions, if any, which	((b)	poxeu	ua_				
the the		gove rise to immediate cause (a), stating the	DUE TO, OR AS A CON	SEQUENCE OF	g in c	\			
		underlying cause last.	(c) (R)	huma	willtra	* e			
no plus		PART 2. OTHER SIGNIFICANT	conditions <u>contributing</u>	G TO DEATH BUT	RELATED TO THE TER	rminal disease (R CONDITION (GIVEN IN PART 1	(a)
OR Ceen	5	90 DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATION	LI MANAS DE DE O DAME D	20a AUTOPS	V2 1206 IE	YES, WERE FIND!	INGS LISED
	CERTIFICATION	TO DATE OF OPERATION	170 CONDITION TOR W	THE OPERATION	WAS PERFORMED	_/	IN CER	RTIFYING CAUSES	S OF DEATH?
ITAI	E -	21g. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY		21c. HOW INJURY OCCU				NO [
DN OF VITA HYSICIAN. Th ding physicic is certificate burial-transit Mental Hygic art from 18 sho		OR CONTRIBUTING CAUSE OF DE							
HYSIC ading and see the arrive arrive	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED	P.M. 21e. PLACE OF INJURY	19	21f LOCATION				
VISIO G PH aften er th s the ond ked d	WE	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, C	OFFICE, FARM, ETC.)	STREET	C	TY OR TOWN	COUNTY	STATE
ENDIN al ar al or se ar ruse as Health		22a. I certify that Mr (this hasp	ital) attended the deceased f	rom 2	/17 . 19 "	80. to 1	/23	19 80	, that (I) (yet) lost
Pit Digital State of		saw the deceased aliverary above, (fi (we) (did) (did) as	3/23/x6	19, on	d that in (my) (our apinio	on death accurred	in the date and h	nour and from the	causes stated
OR A borner oched bept.		22h SIGNATURE	Day	11 // (DEGREE			22c. DATE	E SIGNED
4 , 4 0 -		h1/a	wiel MI	tele	M D ATTENDING	MEDICAL DIRECTOR	STAFF PHYSICIAN	2/	13/25
= 0 = 0.5	1 1	22E PHYSICIAN'S NAME ITHE	DEPENDED ()		22e. ADDRESS	^		-10/0	7,00
TO HOSPITAL TO FUNERAL should be de with the Stot		DAVID "	PHELPS	M.D.	So. 3	all. G	en. (-	405P	
7 5 1 2 5	23a. Bt	JRIAL, CREMATION, REMOVAL			METERY OR CREMATORY	- CITY OF TO	WN //	oward Me	an bund
(30) BP		Burial	3/27/80			nk Donse	46		(1
DHMH - 16 50M 1/76 (VR A 15 (4))	44	NERAL DIRECTOR 23	Home of Brook	e Balto	, Md 25a. D	ATE REC'D. BY REG	ISTRAR 256. REG 980	way the	thready
(411 × 12 (4))	Mc	Cully runeral	Home of blook	rye	21225	HMIL ~ O	-		/

Markey V. Vander V. Committee V make the land on the make the state of



21		Add.Info.FilmG5 FOR STATE	41 3/26,	/80 ka	PARTMENT OF H	E OF MARYLAND EALTH AND MENTAL ICATE OF DEATH	HADENE ()	7 :	2 3	8
7 14		REGISTRAR CEASED NAME FIRST OR PRINT) Pearl		MIDDLE		ille y	REG. NO 20. DATE OF DEATH	O. MONTH OA OB		26. HOUR 5: 20P _M
Wester, page	3. SEX	Female	4. RACE W		S. DATE C	DF BIRTH 13AY 953	6. AGE (IN YEARS LAST BIRTI	YRS.	UNDER I YEAR	IF UNDER 24 HRS HOURS MIN
erold a	CC	RTHPLACE (STATE OR FOREIGN DUNTRY) aryland	76 CITIZEN OF		MARRIE	D NEVER MARRIED		_	OF DEATH	MD
rs ofter dee	10. CI	altimore	11. NAME OF I	HOSPITAL, I HEACILITY, GIV	NURSING HOME (VE STREET ADDRESS) SES HOSPI	OR OTHER INSTITUTION	120 USUAL OCCUPATE (TYPE OF WORK FOR MOST OF Homemake	ON F WORKING LIFE)	12b KIND O	DF BUSINESS OR
BALTIMORE, MARYLAND 21201 cote be executed within 24 hours of specifical on by opers. Poges 1 and 2 should be filled with the medical examiner must be an intitle medical examiner.	USUA 13a S	AL RESIDENCE (IF NURSING HOME OF	ROTHER INSTITUTION NTY Limore	13c. CITY C	CE BEFORE ADMISSION) OR TOWN OR SVILLE	13d INSIDE CITY LIMITS YES NO 🛣	243 West N	1		
RE, MARY ecuted wit d complete es I ond 2		Richard	Richard	Gam	briel	FIRST	abeth ADDRE		Unknov	Hurst
IMORE	16a M	VAS DECEASED EVER IN U.S. AR es, no or unknown) (if yes, give No	E WAR OR OATES)		nown			3 W. Me		
W. PRESTON ST., of the death certific to the ottending ph se remove carbon p cremation, or rem		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDIA) Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, O	COM RASACON CERE	NSFOLIENCE OF	cuar ac	CIDENT		BETWEEN	IMATE INTERVAL ONSET AND DEATH
op be control of the	TION	0,11	RTENSIO	N	; A	NAEMIA			N IN PART 10	
TAL RECO	CERTIFICATION	190 DATE OF OPERATION	196 COND	ITION FOR	WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY? YES NO		ING CAUSES	
DIVISION OF VITAL RECORDS, NG PHYSICIAN: The low requir ter this certificate has been sig os the buriol-tronsit permit. Then th and Mental Hygiene prior to b orked or Item 18 shaws any injury		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER)	ATH HOUR A.		TH DAY YEAR		CURRED (ENTER NATURE OF INJUR	(Y IN ITEM 18, PAR	RT 1 OR PART 2)	
IVISION Option Physics of the busing the busing one of the busing the business of the business	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE (AT HOME, ST	OF INJURY REET, FACTORY	, OFFICE, FARM, ETC.)	21f LOCATION STREET	CITY OR TOV	4N	COUNTY	STATE
OR ATTENDIN e bospitol or DIRECTOR: Af oched for use o Dept. of Health f Hem 21 is mo		22a. I certify that (this hosp saw the deceased alive an above, (we) (did) (did					nion death occurred on the de	ne ond hour		
		0 -	umer	Ch	qua .		NG MEDICAL STAI	IAN	3/4	8/80
TO HOSPITAL retained by the TO FUNERAL should be detained by the Store with the Store MAPORTANT.			topes			90	O CATON AVE	· BA	17/140	eE, MD
1006 BP	(-	BURIAL, CREMATION, REMOVAL SPECIFY) Burial	236. DATE 03-13	2-80		EMETERY OF CREMATO	E. New M			ester Md
DHMH - 16 50M 1/76 (VR A 15 (4))		uneral director ubbard Funeral	Home, I		RESS LO7 Wilke	21227	AR 1 1 1980	Port.	25/9000	model

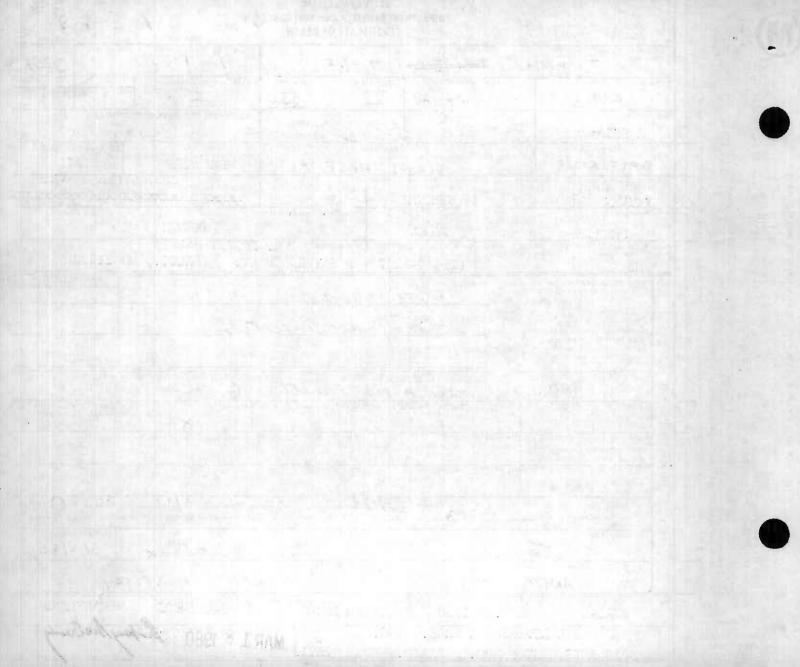
and the same of th THE WAY IN THE STATE OF THE STA at the second of the second of the second

2b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE)
MERCHANT RETAIL 3837 CYPRESS AVE. LAST BALTO., MD 21208 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 160 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES T NO [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART) OR PART 2) COUNTY . STATE ond that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED DIRECTOR PHYSICIAN HUSPITA1 23d. LOCATION BALTMIMORE COUNTMARYLANDATE (SPECIFY) BURIAL WORKMEN CIRCLE MAR.14,1980 MAR T 8 1980 AR 256. 24 FUNERAL DIRECTOR SOL LEVINSON & BROS., INC. DHMH - 16 50M 7/77 (VR A 15 (4)) 21215 BALTO. MD 6010 REISTERSTOWN RD

2b. HOUR

HOURS

DAYS



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	-	REGISTRAR				CERTIF	ICATE OF DEATH	0 0	REG. NO		and the	y
		CEASED NAME	FIRST		MIDDLE	ı	AST	20 DATE O	FDEATH M		AY YEAR	26 HOUR
M	1		IARLES		L.	VALE	NTINE	3	17/8	0		5 35 mm
	3. SE)			4 RACE		5 DATE C		6 AGE (INY	EARS LAST BIRTH		IF UNDER FEAR	IF UNDER 24 HRS
		Male	ALC: N	Black	2	9-	11- /3		66	YRS	ONIHS DATS	HOURS MIN
	7a. B1	RTHPLACE (STATE OR FO	DREIGN 7	L CITIZEN OF	WHAT COUNTRY		NEVER MARRIED	9 BALTIMO	RE CITY OR	COUNTY	OF DEATH	
0		N.C.		USA		WIDOWE		BALT	IMORE	CITY		MD
14		TY OR TOWN OF DEA	ATH I	(IF NOT IN SUC	HOSPITAL, NURS HEACHITY, GIVE STRE TEMORIAL	ET ADDRESS)	TAL		OCCUPATION FOR MOST OF			OF BUSINESS OR
3	130 S	AL RESIDENCE (IF NURS TATE Aryland	13b COUN		GIVE RESIDENCE BEFO 13c CITY OR TO Baltimo	WN	13d. INSIDE CITY LIMITS? YES NO	13° SIREET 1911	ADDRESS Oakhi	11 Av	e.	
0	14. FA	THER S NAME FIRST	M	IDDLE	LAST		15 MOTHER'S MAIDEN NA FIRST Annie	ME	MIDDLE		LA	ST
		VAS DECEASED EVER		AED FORCES?	166 SOCIAL SEG	CURITY NO.	17. INFORMANT		ADDRES			
		Yes, no or unknown)	(11 123, 3102	WAR OR DATES)	254–14	-1572	Mary M. Val	entine	1911	Oakh	ill Av	e.
9	CERTIFICATION	Conditions, if any, gave rise to imm cause 10, statum underlying couse PART 2 OTHER SIGN 190 DATE OF OPERAL	which nediate g the lost	DUE TO, O (b) DUE TO, O (c) ONDITIONS CO		UENCE OF	NOT RELATED TO THE TERM	20a AUTO	OPSÝ?	20b. IF YES,	, WERE FINDI	NGS USED S OF DEATH?
7		210. ACCIDENT WAS UND		21b. TIME O HOUR A.	F INJURY M. MONTH	DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTERNA	NO	YES		NO 🗌
	MEDICAL	(IF EITHER, NOTIFY MEDICAL 21d, INJURY OCCURE WHILE NOT WE AT WORK	RED HILE	P. 21e PLACE (AT HOME, STR		19 E, FARM, ETC.)	21f LOCATION STREET		CITY OR TOWN	v	COUNTY	STATE
		saw the decease obove [I] (we) (c	ed alive an_	57	19	80 , or	d that in (in) (aur) apinian	deoth accurre	3 ed on the dot	e ond hour		
		BK.	forl.	1	mo		DEGREE ATTENDING PHYSICIAN [MEDICAL DIRECTOR	STAFF PHYSICI		W. DATE	SIGNED
1		22d. PHYSICIAN'S N	Vil	1	an. 1		22e ADDRESS	3,02				
		Burial		236 DATE 3_12_	230		EMETERY OR CREMATORY		ATION DR TOWN		COUNTY	STATE

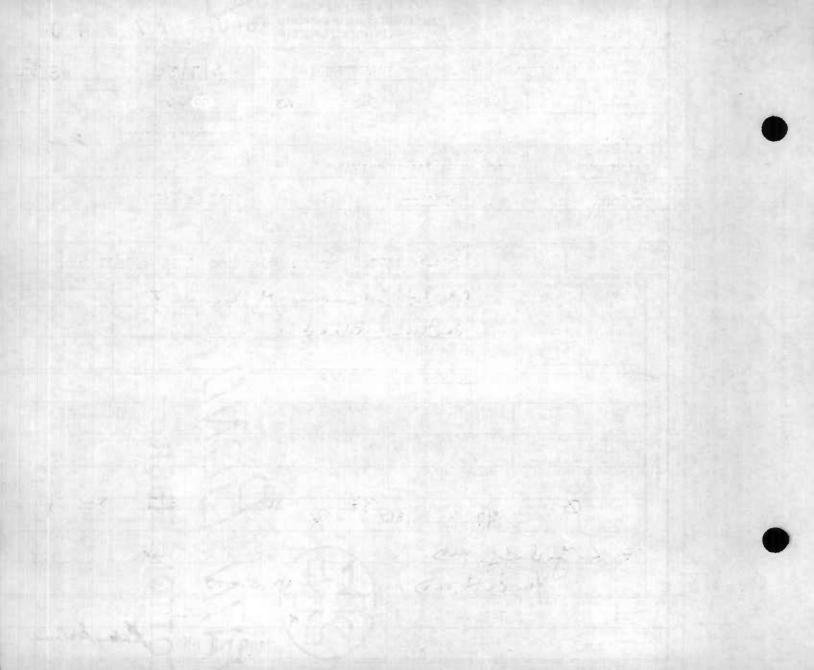
DHMH - 16 60M 1/75 (VR A 15 (4))

24 FUNERAL DIRECTOR

FOR

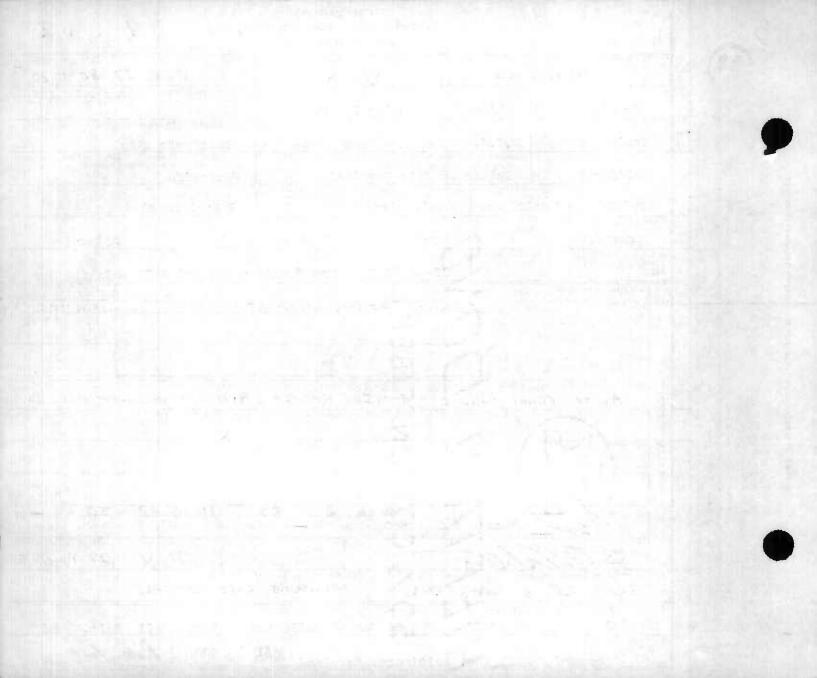
Wm March 1101 E. North Ave.

Laurel, Mo 250. Date REC'D. BY REGISTRAR 25b. REC MAR 1 0 1980

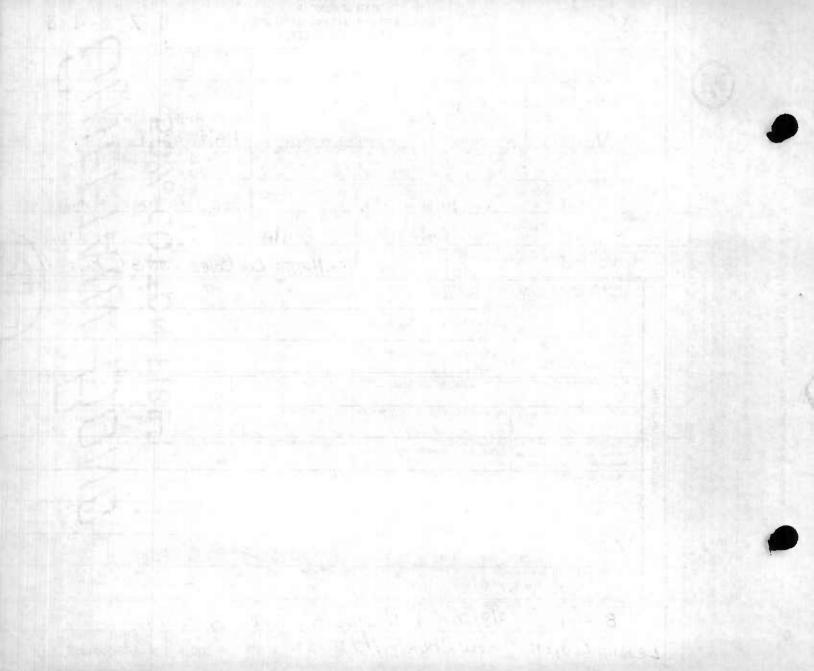


	It 1.	ems 18 FOR STATE	822	a G5	143 5	/28/	DEPAR	TMENT	TATE O	TH AND	MENTA	r HÁÈI	ENE	(0 7	2	4	1	
1	1. DE	REGISTRAR CEASED NAME OR PRINT)	Ē	FIRST		ME	DICA	LEXAM	INER'	LAST	IFICATE	EOFD	2a. DA	ATE KNO	REG. NO.	MONTH	DAY	YEAR	7b. HOUR
OURS BOURS REET,	3. SE)		4. RAC		RICK 5. DATE	OF BIRTH		6. AGE	IN YEARS I	INGHA UNDER 1		DER 24 HF	DE	ATH MA	TI- X	3 MONTH	15 19	80 YEAR	M 2d. HOUR
		male .	bla	ıck	12	31	56		YRS.	DNTHS DAY	YS HOURS	MIN.	PRON	DE AD		3		80	11:01 an
5	FC	RTHPLACE (S REIGN COUNTRY)	Md	_		USA			WID	OWED [ORCED [Ba	ltimo	ore C	City	TY OF DEA	лн	MD.
0	В	altimo	re		30	5 Mt.	Ho1		ESS)	THER INS	TITUTION		USUAL OG FOR MOST OF			OF WORK	OR IN	OF BUSI IDUSTRY	
5		AL RESIDENCE TATE MC	11.11	13b. COUNT	TY	STITUTION GI		PETON AD		13d. INS	DE CITY LIMIT	[5? 13e. :	306 1	DERESS H	olly	Str	eet		
1		ATHER'S NAMI	E		WIDDLE	Vanl	andi	ngham		15. MC	THER'S MA	AIDEN NA	AME	MIDDLE	P	eter	son (AST	i	
	[A	VAS DECEASE ES, NO, OR UNKNO NO	D EVER	IN U.S. ARA (IF YES, GIVE V	MED FOR	CES?	16b. S0	OCIAL SECI	JRITY NO.		ormant	Vanla	andin		DDRESS 1 30	6 Mt	. Hol	ly s	Stree
	No	Condition gave ricause (a lying cal	B. CAUSE OF DEATH (Enter anly ane cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: Cardiomegaly IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-lying cause lost: (b) DUE TO, OR AS A CONSEQUENCE OF (c) ART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).								BETWEEN	ONSET A	ND DEATH						
	IFICATION	19a, DATE OF	OPER#	TION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?						le.	W.	20. AUT		NO []				
	MEDICAL CERTIFICATION	21a EXTERN. UNDERLYING CONTRIBUTI	OR	216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR DEATH P.M. 19						ART I OR PAR		A							
	MEDI	21d. INJURY O		WHILE	21	STREET, FAC			E, 21f	LOCATION STREET	7		CITY	OR TOWN		COL	UNTY		STATE
The state of the s	224 8	100	NAME	OUT CO	arga:	emoins des	Accident Accident		Suicide M. 1	TITI M.D ASS		_, Un /) ht/ L11 _P	determine AEDICAL E	Stroc	r 🔲,	IN MY OP		3=16	-80_
ラス	E	urial			3/19	/80	230	King					Balt	imore				STAT	TE .
	24 F	Win C M		F/H		ADDRESS ()1 E.	. Nort	h AV	Ξ.	MA	R 1 8	BY REGIS		- 0		Halus		

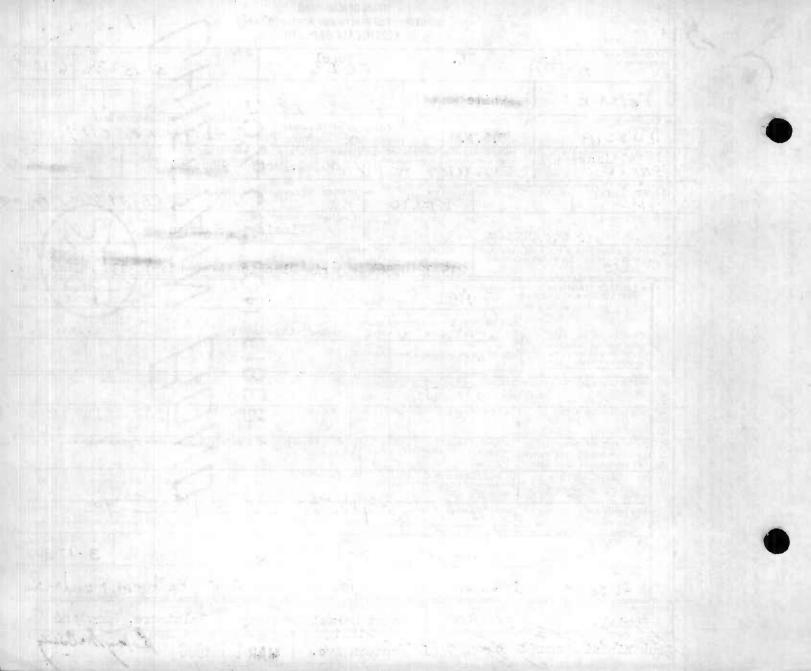
STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO . DECEASED NAME 20. DATE OF DEATH 2b. HOUR (TYPE OR PRINT) Marianna March 80 10:20 3 SEX 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF LINDER 24 HRS MONTH YEAR HOURS Female White Aug 3.1890 To BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Italu U.S.A. WIDOWED X DIVORCED [Baltimore Citu I CITY OR TOWN OF DEATH 1.1. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12h, KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Baltimore Baltimore City Hospital þ Housewife = USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION ould be 13b COUNTY 13e STREET ADDRESS 13d. INSIDE CITY LIMITS? Maryland Baltimore M#ddle River NOX l Eastern Blvd 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE pu MIDDLE Domenico Provini Giovanna Poledri 16h SOCIAL SECURITY NO. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT ADDRESS (YES, NO OR UNKNOWN) [(IF YES, GIVE WAR OR DATES) No 217-03-5307 Mrs Jennie V Marconi 6920 Holabird Ave APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY Cardiopulmonary minutes DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) RBBB + LASH with pucemuker ASCUD 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED p IN CERTIFYING CAUSES OF DEATH? NO IT entol Hygie 210 ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) m 18 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M Š 21d. INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE Pa NOT WHILE 22a. I certify that (1) (the harpital) attended the deceased from March sow the deceased alive on March 19 80, and that in (my) (opinion death occurred on the date and hour and from the causes stated abave. (1) (and) (did) ot) view the bady after death 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN MPORTANT: 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS BALTIMORE CITY HOSPITALS WAUTERS BRADFORD 230. BURIAL, CREMATION, REMOVAL 23b. DATE 231. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Burial STATE COUNTY 3/31/80 St Joseph Fullerton Perry Hall Balt. 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DHMH - 16 50M 1/76 (VR A 15 (4)) Leonard J Ruck Inc. Baltimore. Maruland



STATE OF MARYLAND



DEFEASED MAKE THE MAKE THE MOOTH ON THE STATE OF DEATH MOOTH ON THE STATE 1. SER SERRIPLACE GIATO PROGRAM 1. SERVINDAGE CITY OF COUNTY OF COUNTY OF WHAT COUNTRY? 1. SERVINDAGE CITY OF COUNTY OF COUNTY OF WHAT COUNTRY? 1. SERVINDAGE CITY OF COUNTY OF COUNTY OF WHAT COUNTRY? 1. SERVINDAGE CITY OF COUNTY OF COUNTY OF WHAT COUNTRY? 1. SERVINDAGE CITY OF COUNTY OF COUNTY OF WHAT COUNTRY? 1. SERVINDAGE CITY OF COUNTY OF COUNTY OF WHAT COUNTRY? 1. SERVINDAGE CITY OF COUNTY OF COUNTY OF WHAT COUNTRY? 1. SERVINDAGE CITY OF COUNTY OF COUNTY OF WHAT COUNTRY? 1. SERVINDAGE CITY OF COUNTY OF COUNTRY OF WHAT COUNTRY? 1. SERVINDAGE CITY OF COUNTY OF WHAT COUNTRY? 1. SERVINDAGE CITY OF COUNTY OF WHAT COUNTRY? 1. SERVINDAGE CITY OF COUNTY OF WHAT COUNTRY? 1. SERVINDAGE CITY OF COUNTRY OF WHAT COUNTRY? 1. SERVINDAGE CITY OF COUNTR	TO DECEASED NAME TRUTH THE PROPERTY OF THE PRO	35 1	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYGI CERTIFICATE OF DEATH	ENE ()	072	9 4
THE REPORT OF THE PROPERTY OF STATE OF WHAT COUNTRY? TO BE REPORT OF STATE OF WHAT COUNTRY? TO STATE OF WHAT COUNTRY OF BEATH TO STATE OF WHAT COUNTRY OF B	10. CITY_OR_DOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OF OTHER INSTITUTION 12. STATE 13. STATE OF OWNER, NO 10. CITY_OR_DOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OF OTHER INSTITUTION 12. STATE 13. STATE OF OWNER, NO 13. STATE 13. STATE OF OWNER, NO 13. STATE 13. STATE OF OWNER, NO 13. STATE 13. STAT		DECEASED NAME TYPE OR PRINT!	Widdle	UOGEL	20. DATE OF DEATH		
THE CITY OR TOWN OF DEATH IT. NAME OF HOSPITAL, NURSING HOME OPFOTHER INSTITUTION IDLUSTRY ON THE MANUAL OCCUPATION IDLUSTRY INDUSTRY HOME 10. CITY OR TOWN OF SENSINGS HIS OF ANAMASON INDUSTRY ON THE SITUTION, ON RESIDENCE SITUTION, ON THE SITUTION, ON THE SITUTION, ON THE SITUTION OF	10. CITY OF LOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OF OTHER INSTITUTION 12 USUAL OCCUPATION 12 L N. P.		FEMALE	(White , A.)	MONTH OSY YEAR 98	81	MONTHS DAYS	
The control of the	102 N.Pacs	577	RUSSIA	U.S.A.	WIDOWED NEVER MARRIED WIDOWED DIVORCED	BALTIM	ione cit	7 ,
14 FATHER'S NAME MBOILE LAST IS MOTHER'S MADEN NAME MINIMINE Shuminism LAST LAST MINIMINE LAST	The part of the pa	E10 /3	BALTO.	CEDTURY	HOME 102 N. Paca	(TYPE OF WORK FOR MOST OF	F WORKING LIFE) INDUSTRY	
1881 WAS DECEASED EVER IN U.S. ARMED FORCES? 188. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS 212 215 32 \(\) 0.536 Marie Olaccio / (Daughter) 3235 Pelham A APPROXIMATE FAIR PROVIDED 19. CONTINUED 19. CONTINUED 19. DATE OF OPERATION 19. CONTINUED 19. DATE OF OPERATION 19. CONTINUED 19. DATE OF OPERATION 19. CONTINUED 19. CONT	THE PROPERTY OF THE PROPERTY O	£35	MD		YN 13d. INSIDE CITY LIMITS? YES NO	200 5	PATTERS	ON PK.
YES, NO DE INNOVANI) (F YES, GIVE WAR OR CATES) 215 32 .0536 Marie Olaccio (Daughter) 3235 Pélham A	The part of the	\$20	FIRST WNKI	roun		Shumar	100	\$T
18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. (c) PART 2. OTHER SIGNIFICANT CONDITION S CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (a) PART 2. OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED 196. DATE OF OPERATION 197. DATE OF OPERATION 198. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 198. DATE OF OPERATION 198. DATE OF OPERATION 198. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 198. DATE OF OPERATION 198. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 198. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 198. DATE OF OPERATION 198. DATE OF OPERATION 198. DATE OF OPERATION 198. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 198. DATE OF OPERATION 199. DATE OF OPERATION 199. DATE OF OPERATION 199. DATE OF OPERAT	18. CAUSE OF DEATH (Enter only one couse per live for (a), (b), and (c).) PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (b), storing the underlying couse lost. PART 2. OTHER SIGNIFICANS CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 10 OF PART 2. OTHER SIGNIFICANS CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 2. OTHER SIGNIFICANS CONDITION FOR WHICH OPERATION WAS PERFORMED 190. DATE OF OPERATION 191. DATE OF OPERATION 193. CAUSE OF DEATH (Enter only one couse per live for (c), (b), and (c).) PART 2. OTHER SIGNIFICANS CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 10 OF PART 2. OTHER SIGNIFICANS CONDITION FOR WHICH OPERATION WAS PERFORMED 210. ACCIDENT WAS UNDERSTYNG 210. ACCIDENT WAS UNDERSTYNG OR CONTRIBUTING CAUSE OF DEATH (If ETIMER, NOTIFY MEDICAL EXAMINES) 210. ACCIDENT WAS UNDERSTYNG OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR (IF ETIMER, NOTIFY MEDICAL EXAMINES) 210. ACCIDENT WAS UNDERSTYNG OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR (IF ETIMER, NOTIFY MEDICAL EXAMINES) 210. ACCIDENT WAS UNDERSTYNG OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR (IF ETIMER, NOTIFY MEDICAL EXAMINES) 210. AUTORY 211. INJURY OCCURRED 212. LOCATION STREET CITY OR TOWN 222. I certify that (1) (this hospital) attended he deceased from STREET ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN 224. SIGNATURE 225. SIGNATURE 226. SIGNATURE 227. SIGNATURE 227. DETERMINED THE CAUSE OF DEATH NUMBER AND THE CAUSE	medic	(YES, NO OR UNKNOWN) (IF YES, GA	E WAR OR DATES)	0 0 1	1 7.1	The state of the s	. 2121 lham Av
OR CONTRIBUTING CAUSE OF DEATH (IF ETHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21d. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 22d. I certify that (I) (this hospital) attended the deceased from 22d. I certify that (I) (this hospital) attended the deceased from 22d. I certify that (I) (this hospital) attended the deceased from 22d. I certify that (I) (this hospital) attended the deceased from 22d. I certify that (I) (this hospital) attended the deceased from 22d. I certify that (I) (this hospital) attended the deceased from 22d. I certify that (I) (this hospital) attended the deceased from 22d. I certify that (I) (this hospital) attended the deceased from 22d. I certify that (I) (this hospital) attended the deceased from 22d. I certify that (I) (this hospital) attended the deceased from 22d. I certify that (I) (this hospital) attended the deceased from 22d. I certify that (I) (this hospital) attended the deceased from 22d. I certify that (I) (this hospital) attended the deceased from 22d. I certify that (I) (this hospital) attended the deceased from 22d. I certify that (I) (this hospital) attended the deceased from 22d. I certify that (I) (this hospital) attended the deceased from 22d. I certify that (I) (this hospital) attended the deceased from 22d. I certify that (I) (this hospital) attended the deceased from 22d. I certify that (I) (this hospital) attended the deceased from 22d. I certify that (I) (this hospital) attended the deceased from 22d. I certify that (I) (this hospital) attended the deceased from 22d. I certify that (I) (this hospital) attended the deceased from 22d. I certify that (I) (this hospital) attended the deceased from 22d. I certify that (I) (this hospital) attended the deceased from 22d. I certify that (I) (this hospital) attended the deceased from 22d. I certify that (I) (this hospital) attended the deceased from 22d. I certify that (I) (this hospital) attended the deceased from 22d. I certify that (I) (this hospital) attended	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21d. INJURY OCCURRED 21d. HOME, STREET, FACTORY, OFFICE, FARM, ETC.] 21d. INJURY OCCURRED 21d. HOME, STREET, FACTORY, OFFICE, FARM, ETC.] 21d. HOME, STREET CITY OR TOWN COUNTRIBUTING 22d. I certify that (I) (this hospital) attended the deceased from	y, ar ather	gove rise to immediate cause (o), stating the underlying cause last. PART 2. OTHER SIGNIFICANTS	DUE TO, OR AS A CONSEQUENCE ON THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL THE TO	JENCE OF			
OR CONTRIBUTING CAUSE OF DEATH (IF ETHER, NOTIFY MEDICAL EXAMINER) P. M. 19 21d. INJURY OCCURRED AT WORK NOT WHILE AT WORK 1 YORK 220. I certify that (I) (this haspital) attended the deceased from 23 13 73 19, to 19, that (I) (we) saw the deceased alive an obove, (I) (we) (did) (did not visit body after death. 220. SIGNATUR 221f. LOCATION	OR CONTRIBUTING CAUSE OF DEATH (IF ETHER, NOTIFY MEDICAL EXAMINER) 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 22e. I certify that (I) (this haspital) attended the deceased from saw the deceased alive an obave, (I) (we) (did) (did not visit body after death. 22e. Signature PM.	6 STIFICAT	190. DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED		IN CERTIFYING CAUSE	S OF DEATH?
		VI: If hem 21 is marked ar them 1	OR CONTRIBUTING CAUSE OF DE (IF ETHER, NOTIFY MEDICAL EXAMINES 21d. INJURY OCCURRED WHILE NOT WHILE ATWORK 220.1 certify that (1) (this hosp sow the deceased alive a obave, (1) (we) (did) (did in 22b. SIGNATUR 22d. PHYSICIAN'S NAME (TYPE)	HOUR A.M. MONTH E P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, and the deceased from, by the body offer death.	FARM, ETC.] 21f. LOCATION STREET 3 13 73, 19 21f. LOCATION STREET ATTENDING PHYSICIAN 22e. ADDRESS	city on tow	ote and hour and from the	, that (I) (we) e causes stated ESIGNED - 17 - 80



STATE OF MARYLAND

		431				
4:8 3 3 17 6:4			DOV NOTE	iore .		
12 2 2	4.2		5	ma 34	Ţ	
enin e nida i			4	0	Dio Fall	
Incorpan I transcrati		di IV	AI , WOMITAR	DEAV.	9310	TI
79/2 3/17/19/ 3/04/1		X	BACT TOTAL		0	- t t ,
			The dist.			BITY
TOTAL STORE		72 2114		HDEA _{IS}		
			, o	, ,		
n anomas the normal mes-		1 34				

FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE CERTIFICATE OF DEATH REGISTRAR REG. NO MIDDLE DECEASED NAME 2a. DATE OF DEATH MONTH YEAR 2b. HOUR (TYPE OR PRINT) 4NNA 22 80 4 RACE 6 AGE (IN YEARS LAST BIRTHDAY) 3 SEX DATE OF BIRTH 8. 1899 Female Caucasian Jan. Ta. BIRTHPLACE (STATE OR FOREIGN 7h CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Baltimore U.S.A. Italy WIDOWED ' DIVORCED D. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a. USUAL OCCUPATION 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) Grocery Store City Hospitals Baltimore Baltimore cocery DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 212D ISUAL RESIDENCE LIF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? Claremont Street Baltimore Maryland 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME LAST MIDDLE Virginia unk Giacomo Ti burzi 160 WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 16b SOCIAL SECURITY NO 17. INFORMANT (IF YES, GIVE WAR OR DATES) Mr. Frank Volpe. 3930 Claremont St. 218-44-8002 no APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (PART I. DEATH WAS CAUSED BY M/N9/85 DUE TO, OR AS A CONSEQUENCE OF QCARDIAL IN BARCITON Conditions, if ony, which gove rise to immediate couse (a), stotina DUE TO OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) CERTIFICATION TARCTIONS 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED 19a. DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? NOF YES Hygi 21a ACCIDENT WAS UNDERLYING 71b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) Item 18 s HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 21f LOCATION 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE WHILE NOT WHILE AT WORK AT WORK 22a.1 certify that (1) (this hospital) attended the deceased from 80 sow the deceosed olive on_ and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (1) (we) (did) (did not) view the body ofter death DEGREE ATTENDING MEDICAL should be dete with the Stote IMPORTANT: DIRECTOR PHYSICIAN PHYSICIAN 22d PHYSICIAN'S NAME TYPE OR PRINTS 22e ADDRESS 23d LOCATION 230 BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE STATE Baltimore. Redeemer Cem Burial ASO DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Funeral Home, 269 S. Conkling DHMH - 16 60M 1/75 (VRA 15(4))

STATE OF MARYLAND

and the state of t Dans the later and the later of the second section and the

			1-	FOR STATE	DEPAR	TMENT OF H	OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENG O	0724	17
-			I DEC	REGISTRAR EASED NAME FIRST	WIDGLE		AST	REG. NO		2b. HOUR
	e	n 4		OR PRINT)		VATI			80	20.1100k
	yan	1	3. SEX	HMELIA	4 RACE	5 DATE C	F BIRTH	6 AGE (IN YEARS LAST BIRTH		IF UNDER 24 HRS
3	oge 4			Female	WHITE		T 28 1887	92	YRS.	HOURS MIN
	0	9 to 10 to		UNTRY)	76 CITIZEN OF WHAT COUNTRY	MARRIEI	NEVER MARRIED		COUNTY OF DEATH	
	of the same of the	34 1/	10 CT	Y OR TOWN OF DEATH	11. NAME OF HOSPITAL NURS	WIDOWE		BACT 120 USUAL OCCUPATION		MD. DF BUSINESS OR
201	rs ofte	by th		BALTO	PERRING	PARK	WAY N. H	HOUSE W, F	WORKING LIFE) INDUSTRY	
D 21:	24 hou	filled in ould be	USUA 13a S		TY 13c. CITY OR TO	NN	134 INSIDE CITY LIMITS?	13e STREET ADDRESS		
TAND	Z nin 2.	shoul	14 EA	THER'S NAME	ITO BALT	0	YES NO D		EXETER S	7.
IARY	5 .	and 2 sh	III FA	FRST A	AIDDLE LAST	60	Pose	MIDDLE	1 2 1	PACCI
čE, M		C -bor		AS DECEASED EVER IN U.S. ARA	MED FORCES? 166 SOCIAL SE	CURITY NO.	17 INFORMANT	ADDRE:		PACEI
BALTIMORE		rs. Pages	(4	es, no or unknown) (IF Yes, GIVE	218-45	7-2601	Joseph Vo	TTA 31	+ S, EXETE	
BAL		1:_ G U		18 CAUSE OF DEATH (Enter and PART I. DEATH WAS CAUSED	ly ane cause per line far (1.) b), (and to			BETWEEN	ONSET AND DEATH
· ST.,	ertifi	arbanpap			E CAUSE (a)	en	uma	,		
NO	igh.	corbor		Condition if you hid	DUE TO, OR AS A COMEC	UENCE OF	lailers	2		
986	ab at	100		Canditians, if any, which gave rise to immediate cause (a), stating the	(b)	1	Poccock)		
3	2	200	3	underlying cause last	DUE TO, OR AS A CONSEC	UENCE OF				
05, 20	Saires	all and	Z	PART 2. OTHER SIGNIFICANT C	CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONE	DITION GIVEN IN PART 1	(a)
COR	2	1	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR WHIC	H OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDI	
1 R	No lo	15	TIFIC					YES NO	IN CERTIFYING CAUSES YES	NO [
17	P Sold	1		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		DAY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART 1 OR PART 2)	
0 7	250	7種/	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	19			SHEET NO.	
VISIO	G PHry offendi	4 /8/	MED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFIC	E, FARM, ETC.)	211. LOCATION STREET	CITY OR TOW	N COUNTY	STATE
ā	200	1	65	22a 1 certify that (1) (this haspit	tal) attended the deceased fran	chi	127 1980	, ta		that (1). (we) last
	曹	1		saw the deceased alive an abave, (I) (we) (did) (did not	19 ty view the bady after death.	, ar	d that in (my) (aur) apınian e	death accurred on the da	te and haur and fram the	causes stated
-	4 P	Principal	10	22b. SIGNATURE	/11/11		DEGREE ATTENDING	MEDICAL STAF		SIGNED
-				20	aga		PHYSICIAN 226 ADDRESS	DIRECTOR PHYSIC		- down
		hould be defined by the second		22d. PHYSICIAN'S NAME (TYPE OF	ARRA.		7122 HA	ROFORD	RD.	
000	16/		23a. B	URIAL, CREMATION, REMOVAL	23b. DATE 23	. NAME OF C	EMETERY OR CREMATORY	23d LOCATION CITY OF TOWN	COUNTY	STATE
124	BP_		24 EI	NERAL DIRECTOR	13-26-80	HOLY	1CeDeemer		25b. REGISTRAR'S SIGNA	TURE
	DHMH-16 (VRA)		24.70	DA O	00 A ADDRESS	228	Hiel ST MAI	R 2 6 1980	Feeting Soul	TORE TY
		100		The TOWN	CG. // 0			7 1000	1000	Middle

